PAYMENT FORM

NAME.....
ADDRESS.....
.....**POST CODE**.....Mobile .....
TELEPHONE (OFFICE).....**EXT**.....**(HOME)**.....

TOTAL AMOUNT PAYABLE.....**BAHT / YEAR**

*****I WOULD LIKE TO PAY THE TOTAL PREMIUM AS FOLLOW ***:-**

❑ **MONEY ORDER PAYABLE TO BUPA HEALTH INSURANCE (THAILAND) LTD.**

❑ **CHEQUE ACCOUNT PAYEE ONLY PAYABLE TO BUPA HEALTH INSURANCE (THAILAND) LTD.**

❑ **MONEY TRANSFER TO SAVINGS ACCOUNT NO. 101-575081-1 BANGKOK BANK, HEAD OFFICE (PLEASE SEND PAY-IN COPY TO ACCOUNTS DEPARTMENT BY MAIL OR FAX :** 02 573 8711)

❑ **MONEY TRANSFER TO SAVINGS ACCOUNT NO. 799-2-51638-5 THAI FAMERBANK, PHOHOLYOTHIN BRANCH(PLEASE SEND PAY-IN COPY TO ACCOUNTS DEPARTMENT BY MAIL OR FAX :** 02 573 8711)

❑ **MONEY TRANSFER TO SAVINGS ACCOUNT NO. 065-2-23004-3 SIAM COMMERCIALBANK, SILOM BRANCH(PLEASE SEND PAY-IN COPY TO ACCOUNTS DEPARTMENT BY MAIL OR FAX :** 02 573 8711)

❑ **CREDIT CARD**

○ **VISA** ○ **MASTER CARD** ○ **BANGKOK BANK**
○ **THAI FARMERS BANK** ○ **SIAM COMMERCIAL BANK**

CARD NO. ❑❑❑❑ - ❑❑❑❑ - ❑❑❑❑ - ❑❑❑❑

The last 3 digit number for **Master Card** or 4 digit number for **Amex** appearing on the Signature panel ❑❑❑❑

EXPIRY DATE ❑❑ / ❑❑ **NAME ON CARD**…….

……. ……/……/……

SIGNATURE **DATE**

IF YOU HAVE ANY QUESTIONS PLEASE CALL ……. TEL. 02 573 8700 FAX. 02 573 8711