



## Payment and Reimbursement Details

Your application for Global Expatriate Healthcare has been accepted by the insurer, LAMP Insurance Company Limited. In order to activate your policy, please complete the attached form with respect to:

Section B: Your bank account details to receive reimbursement of claims.

Section C: Premium payment details should you wish to pay by credit card (leave blank if you intend to pay by bank transfer).

### SECTION A - Applicant's Details

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	Other:
Forename (s)				
Surname (Family name)				
Address				
Home Telephone		Mobile		
E Mail				

### SECTION B - Banking Details - for Reimbursement of Claims

Currency of Account	<input type="checkbox"/> USD	<input type="checkbox"/> GBP	<input type="checkbox"/> Euro	Other:
Name of Bank				
Bank address				
Sort or SWIFT Code		Post Code		
Account Number		Country		
IBAN Number				

### SECTION C - Payment Details

Currency	<input type="checkbox"/> USD	<input type="checkbox"/> GBP	<input type="checkbox"/> Euro	
Premium to be debited	<input type="checkbox"/> Annual	<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Monthly
Start Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	

\* a surcharge of 4% of the annual premium will apply to semi-annual payments.

\* a surcharge of 6% of the annual premium will apply to quarterly payments.

\* a surcharge of 8% of the annual premium will apply to monthly payments.

Premiums are fixed in US Dollars (USD), as quoted above. Premiums requested to be billed in GBP or Euro will be converted from USD on the day of billing, based on rates published by OANDA ([www.oanda.com](http://www.oanda.com)). Your application will be processed on receipt of payment.

**SECTION C - (Continued)**

Please check box 1 or 2 (X) for your preferred payment method

1. Payment by Bank Transfer

Please make your payment to the account in accordance with the currency you have selected.

**US DOLLAR (\$) Account**

Beneficiary	LAMP Insurance Company Limited		
Account Number	60329686		
SWIFT Code	MIDLGB22	Sort Code	40-05-15
IBAN number	GB77 MIDL 4005 1560 3296 86		
Bank & Address	HSBC Bank, 45 Milsom Street, Bath, BA1 1DU, United Kingdom		

**Euro (€) Account**

Beneficiary	LAMP Insurance Company Limited		
Account Number	67184697		
SWIFT Code	MIDLGB22	Sort Code	40-05-15
IBAN number	GB92 MIDL 4005 1567 1846 97		
Bank & Address	HSBC Bank, 45 Milsom Street, Bath, BA1 1DU, United Kingdom		

**Sterling/GBP (£) Account**

Beneficiary	LAMP Insurance Company Limited		
Account Number	02272997		
SWIFT Code	MIDLGB2102G	Sort Code	40-09-19
IBAN number	GB35 MIDL 4009 1902 2729 97		
Bank & Address	HSBC Bank, 45 Milsom Street, Bath, BA1 1DU, United Kingdom		

Please ensure that your name is clearly stated on the bank transfer as the originator.

**SECTION C - (Continued)****2. Payment by Credit Card**

Card Type	<input type="checkbox"/> Visa	<input type="checkbox"/> Master Card
Preferred Billing Currency	<input type="checkbox"/> USD	<input type="checkbox"/> GBP <input type="checkbox"/> Euro
Card Number		
Card Start Date (mm/yy)	<input type="text"/> <input type="text"/>	Security (CVC) Code*
Card Expiry Date (mm/yy)	<input type="text"/> <input type="text"/>	* 3 digit number on the reverse of your credit card
Name (as on card)		
Card Billing Address		
Country	Post Code	

Premiums are fixed in US Dollars (USD), as quoted in Section E. Premiums requested to be billed in GBP or Euro will be converted from USD on the day of billing, based on rates published by OANDA ([www.oanda.com](http://www.oanda.com))

**AUTHORISATION**

I authorise LAMP Insurance Company Limited to debit my card account with unspecified amounts in respect of my current and and renewal premium payments as and when these become due, until further notice. I understand that LAMP Insurance Company Limited will give me due notice of renewal and that the premiums may vary each year.

Card Holder Signature	
Name	
Date	<input type="text"/> <input type="text"/> <input type="text"/>

Please return this form to LAMP Services Limited

**For security reasons we would ask you not to send credit card details by email, please fax or phone the details within Section C directly to the insurer, contact details below.**

**Bank account details for reimbursement can be sent by email although safer by fax.**

**Please fax or telephone Khun Piyachat Surayotin (Khun Fon)  
LAMP Services Limited  
Thailand Representative Office  
Telephone: +66 2 663 7808  
Fax : +66 2 663 7880**

**LAMP Insurance Company Limited is licensed by the Chief Executive of the Financial Services  
Commission of Gibraltar under the Insurance Companies Ordinance  
Registered Address: 260/262 Main Street, Gibraltar  
Company Number: 93562**

Web: [www.lampinsurance.com](http://www.lampinsurance.com)

