

Debit Authorisation Form

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Date:

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Please of	debit my	Bank Ad	ccount	with	the	total	amount	shown	below	for th	е
purchas	e of Hon	ne Easy	Insurar	nce P	lan.						

Home Easy Plan:	Silver Gold Platinum	
Premium amount: (please check)	AED 200 AED 380 AED 1140	
Account Number:		
PO Box:	Emirate:	Mobile:

I/we hereby declare that the information given above is true and complete and request Oman Insurance Co. to issue the policy based on the information provided.

Account holder's name:

Account holder's signature/joint account holder's signature

