



PAYMENT FORM

NAME.....

ADDRESS.....

..... POSTCODE.....

TELEPHONE (Office).....Ext.....

(Home).....

MOBILE

TOTAL AMOUNT PAYABLE.....BAHT / YEAR

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

CHEQUE Account Payee Only Payable to Bupa Health Insurance (Thailand) Public Company Limited

MONEY TRANSFER to Bupa Saving Account :-

- BANGKOK BANK (HEAD OFFICE) Account No. 101-4-08639-9
- KASIKORN BANK (PHAHOLYOTHIN BRANCH) Account No. 799-2-51638-5
- SIAM COMMERCIALBANK (SILOM BRANCH) Account No. 065-2-23004-3

(Please send pay-in slip copy to **BUPA Ladprao Branch** by Fax. No 02 938 5925 or Email : Ladprao@bupa.co.th)

CREDIT CARD

- VISA
- MASTER CARD
- BANGKOK BANK
- KASIKORN BANK
- SIAM COMMERCIAL BANK

Credit Card No. - - -

EXPIRY DATE /

NAME ON CARD.....

.....

SIGNATURE

...../...../.....

DATE