

## COVER NOTE CREDIT CARD AUTHORITY FORM

### PERSONAL DETAILS

Surname.....

Given Names.....

AHI Cover Note No (if known).....

Postal Address.....

.....

Phone Daytime.....

Date Policy is estimated to start...../...../.....

Mobile.....

Date Application submitted online...../...../.....

### POLICY DETAILS

I have requested a Cover Note:

please tick **one**

**Table 320**

**Table 390**

**Table 120**

**Table 190**

	Single	Family	Single	Family	Single	Family	Single	Family
<b>Quarterly</b>	<input type="checkbox"/> \$624	<input type="checkbox"/> \$1248	<input type="checkbox"/> \$465	<input type="checkbox"/> \$930	<input type="checkbox"/> \$230	<input type="checkbox"/> \$460	<input type="checkbox"/> \$189	<input type="checkbox"/> \$378
<b>Half-Yearly</b>	<input type="checkbox"/> \$1248	<input type="checkbox"/> \$2496	<input type="checkbox"/> \$930	<input type="checkbox"/> \$1860	<input type="checkbox"/> \$460	<input type="checkbox"/> \$920	<input type="checkbox"/> \$378	<input type="checkbox"/> \$756
<b>Yearly</b>	<input type="checkbox"/> \$2496	<input type="checkbox"/> \$4992	<input type="checkbox"/> \$1860	<input type="checkbox"/> \$3720	<input type="checkbox"/> \$920	<input type="checkbox"/> \$1840	<input type="checkbox"/> \$756	<input type="checkbox"/> \$1512

All premiums quoted above are in Australia Dollars

### CREDIT CARD DETAILS

Master Card     Visa     AMEX     Bankcard

Card Number:

Expiry Date:   /

Name on Credit Card:.....

Signature:.....

**I authorise IMAN/AHI to charge my Credit Card with a once only AUD\$50 Cover Note Administration Fee.**

**I understand that this fee is non-refundable.**

**Send by Fax +61 2 9475 5046**

UPDATED 01 July 2008