

Please return your fully completed form by:

@ Email: underwriting@allianzworldwidecare.com
☎ Fax: +353 1 629 7117
🏠 Post: Allianz Care
15 Joyce Way
Park West Business Campus
Nangor Road
Dublin 12, Ireland

If you have any questions regarding this Application Form or the application process, please contact our Helpline on: +353 1 630 1301

📘 www.facebook.com/AllianzCare/
🌐 www.linkedin.com/company/allianz-care
📺 www.youtube.com/c/allianzcare
📷 www.instagram.com/allianzcare/
🐦 twitter.com/AllianzCare

AWP Health & Life SA, acting through its Irish Branch, is a limited company governed by the French Insurance Code. Registered in France No. 401 154 679 RCS Bobigny. Irish Branch registered in the Irish Companies Registration Office, registered No.: 907619, address: 15 Joyce Way, Park West Business Campus, Nangor Road, Dublin 12, Ireland. Allianz Care and Allianz Partners are registered business names of AWP Health & Life SA.

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Credit card payment

If you choose to pay by credit card, please provide the following information:

Card type MasterCard ☐ VISA ☐ American Express ☐ JCB ☐ Diners Club ☐ Discover ☐

Cardholder's name

Card number Expiry date /

CVV code *VISA, MasterCard, Discover and Diners Club: the last three-digits on the signature panel on the back of the card.
American Express: four-digit number printed on the front of the card above the card number.*

For security reasons, once we have transferred this information to our system, we will detach the credit card details from the application form and destroy them.

Credit card authorisation

I authorise Allianz Care to charge my credit card account with my healthcare premium. I understand I will be notified of the premium when my cover/renewal is accepted or if I make a request that affects the premium, such as adding a dependant. This payment will continue until I cancel the instruction by giving written notice to Allianz Care. I understand I will be given one month's notice of any annual premium rate increase.

🖋 Cardholder's signature Date / /