

CREDIT CARD PAYMENT ADVICE

Rockwills International Group

Wisma Rockwills, No. 62, Jalan 2/131A, Off Jalan Klang Lama, 58200 Kuala Lumpur.

Tel: 03 - 7781 1993 Fax: 03 - 7781 2993 (General), 03 - 7781 8614 (Finance), 03 - 7781 8614/10 (Legacy Planning)

GST Registration Number: 000326123520 (RWC) & 000958218240 (RBS)



Billing Information

Name of Client(s)/Testator(s)/Settlor(s):

Products and Services: (Please tick at below)

	Gross (RM)	6% GST (RM)	Amount (RM)
(1) Rockwills Corporation Sdn Bhd (RWC)			
a <input type="checkbox"/> Franchise Fee / Franchise Renewal Fee License Date: _____	a _____	_____	_____
b <input type="checkbox"/> Training and Seminar(s) Fees	b _____	_____	_____
c <input type="checkbox"/> Others (Please specify): _____	c _____	_____	_____
(2) Rockwills Trustee Berhad (RWT)			
a <input type="checkbox"/> Will-Writing	a _____	_____	_____
b <input type="checkbox"/> Custody	b _____	_____	_____
c <input type="checkbox"/> Executor Appointment	c _____	_____	_____
d <input type="checkbox"/> UPrepare	d _____	_____	_____
e <input type="checkbox"/> UDeclare	e _____	_____	_____
f <input type="checkbox"/> UProtect (Insurance Trust)	f _____	_____	_____
g <input type="checkbox"/> One-Trust	g _____	_____	_____
h <input type="checkbox"/> U-Nominate	h _____	_____	_____
i <input type="checkbox"/> Business Value Protection Trust (BVPT)	i _____	_____	_____
j <input type="checkbox"/> Others (Please specify): _____	j _____	_____	_____
(3) Rockwills Advisory Services Sdn Bhd (RAS)			
a <input type="checkbox"/> Advisory Fee	a _____	_____	_____
b <input type="checkbox"/> Others (Please specify): _____	b _____	_____	_____
(4) Rockwills Business Solutions Sdn Bhd (RBS)			
a Training and Seminar(s) Fees	a _____	_____	_____
b Membership Fee/Renewal Fee	b _____	_____	_____
c Bereavement Care Package(s)	c _____	_____	_____
d Purchase of Books	d _____	_____	_____
e Others (Please specify): _____	e _____	_____	_____
TOTAL (RM)	<div></div>	<div></div>	<div></div>

Credit Card Information

Card Holder's Name:

Credit Card Type: ☐ Visa ☐ Master

Credit Card Number: CVV

Expiry Date: MM/YY

Contact Number:

Signature of Card Holder: _____ Date:

For Office Use Only

Processing Date of Approval:

Code Number:

Declined (Reason):

COMP/CCPA/REV4/APR15

* Reminder: Please DO NOT mail or submit credit card payment advice at counter if it has been earlier sent/faxed to our office.