

**Rockwills International Group**

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

Tel : 03 - 7781 1993

Fax : 03-7781 8682 (Finance), 03 - 7781 8610 (Legal), 03 - 7781 2993 (General)

CREDIT CARD PAYMENT ADVICE**Billing Information**

Name of Client / Testator (s) : _____

Product and Services : (Please tick below)

	Amount RM
(a) Rockwills Corporation Sdn Bhd	
☐ Will Writing	_____
☐ Security Deposit ***minimum RM380***	_____
☐ Custody	_____
☐ Franchise Fees	_____
☐ Training and Seminars	_____
☐ PA Insurance ***for Annual Custody Only*** (RM20)	_____
☐ Others, Please Specify _____	_____
(b) Rockwills Trustee Berhad	
☐ Executor Appointment	_____
☐ UPrepare Package	_____
☐ UProtect (Insurance Trust)	_____
☐ UDeclare	_____
☐ Other Private Trust Set-up Fee	_____
☐ Business Value Protection Trust Set-up Fee	_____
☐ Others, Please Specify _____	_____
(c) Rockwills Business Solutions Sdn Bhd	
☐ Training and Seminars	_____
☐ An Ning Bereavement Care Package	_____
☐ Membership Fees / Renewal Fees	_____
☐ Purchase of Books	_____
☐ Others, Please Specify _____	_____

Total:

Remarks : _____

Credit Card Information

Card Holder's Name	_____	Issuance Bank :	_____																																								
Credit Card Type :	☐ Visa ☐ Master																																										
Credit Card Number	<table border="1" style="border-collapse: collapse; text-align: center;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																																										
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Contact Number:	_____																																										
Signature of Card Holder :	_____																																										

*****REMINDER :**

1. Please DO NOT mail or submit credit card payment advices at the counter if it has been earlier sent/faxed to our office
2. Please include the correct number of completed credit card payment advices if payment is in instalments

***** For Office Use Only *****

Date Proceed :	<table border="1" style="border-collapse: collapse; text-align: center;"><tr><td></td><td></td><td>/</td><td></td><td></td><td>/</td><td></td><td></td></tr></table>			/			/		
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☐ Approval Code	_____								
☐ Declined with reason	_____								

Code : 20091225