

## 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)
<b>(1) Rockwills Corporation Sdn Bhd (RWC)</b>			
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 _____	_____	_____
<b>(2) Rockwills Trustee Berhad (RWT)</b>			
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 _____	_____	_____
<b>(3) Rockwills Advisory Services Sdn Bhd (RAS)</b>			
a <input type="checkbox"/> Advisory Fee	a _____	_____	_____
b <input type="checkbox"/> Others (Please specify): _____	b _____	_____	_____
<b>(4) Rockwills Business Solutions Sdn Bhd (RBS)</b>			
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 _____	_____	_____
<b>TOTAL (RM)</b>	_____	_____	_____

### 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.