CREDIT CARD PAYMENT ADVICE

Rockwills International Group





State name of Client(s)/Testator(s)/Settlor(s):			
1)		2)	
PRO	DUCTS A	AND SERVICES [Please fill up the relevant amount(s)]	
1)	ROCK	WILLS CORPORATION SDN BHD (RWC)	Amount (RM)
,	a)	Franchise Fee / Franchise Renewal Fee - License Date:	a)
	b)	Training / Seminar Fee	b)
	c)	Others (please specify):	
2) ROCKWILLS TRUSTEE BERHAD (RWT)			
-,	a) Will writing		a)
	b)	Will custody (please specify type):	
	c)	RWT Executor appointment	c)
	d)	UPrepare (Estate and Trust Administration Discount Package)	d)
	e)	UDeclare (Declaration of Trust)	e)
	f)	UProtect (Insurance Trust)	f)
	g)	UBiz (Business Value Protection Trust)	g)
	h)	ONE-Trust	h)
	i)	Others (please specify):	i)
3)	ROCK	WILLS ADVISORY SERVICES (RAS)	
	a)	Advisory Fee	a)
	b)	Others (please specify):	b)
4)	ROCK	WILLS BUSINESS SOLUTIONS SDN BHD (RBS)	
	a)	Training / Seminar Fee	a)
	b)	Membership Fee / Renewal Membership Fee	b)
	c)	Bereavement Care Package	c)
	d)	Others (please specify):	d)
			TOTAL
			TOTAL
CREDIT/DEBIT CARD INFORMATION			
Card Holder's Name:			
Credi	it/Debit	Card Type: Visa Master Expiry d	ate: MM/YY
Credit /Debit Card Number:		t Card	cw
Contact Number			
Signa	ature of	Card Holder:	Date:
For Office Use Only Processing Date of Approval: Code Number: Declined (Reason):			