

RECURRING CREDIT/DEBIT CARD PAYMENT AUTHORIZATION FORM

Date: 01/24/2014

Code: SGC-GAC-ADM-P01-F02

v1.3

I authorized Oceánica de Seguros S.A to charge my credit debit card account

Visa | Master Card No. _____

Issuing bank: _____ Expiration date:

mm	yy

Policy No.	Insurance type

I agree to keep my credit/debit card in conditions to support these charges with the periodicity and in the amounts previously agreed between me and Oceánica de Seguros S.A. Additionally, I release Oceánica and the issuing bank from any liability that may arise from the breach of this commitment, and it is understood that in the event that the charge cannot be made, the insurance company may terminate the contract.

I accept the conditions set forth in this authorization and I undertake to review every month, in the account statements issued by the issuer, the effectiveness of the corresponding charge; as well as to report to Oceánica, any change in the number or expiration date of the provided card.

Signature: _____	Date: _____
Cardholder name: _____	
Identification Number: _____	Phone number: _____

Customer signature

The contractual documentation and the technical note of the products used by Oceánica de Seguros are registered in the General Superintendence of Insurance in accordance with the provisions of article 29, subsection d) of the Insurance Market Regulatory Law, Law 8653.

Please attach the following documents:

- Copy of the card on the front side.
- Copy of the cardholder's identity card.

