Please note that we can not accept debit cards for payment, only credit cards are accepted

F	Payment by credit card according to the arrangement of the Insured/Payer with the credit card company																						
		ersonal information of Insurance applicant																					
	Last name	ast name					First name							Passport number									
	Personal informa	aver																					
	ID/Passport No.						Cardholder's nam					me											
	CVV number (3 digits on the back of the card				Card	numl																	
					/ .																		
You can pay in several installments depending on the insured period																							
	Number of days		1 to 1	20	121 to	o 180				365 days													
	Number of paym		1 1 2				2□ 3□ 4□ _{Er}				nter number (1 to 10)												
	Postal code (Zip	ry and	nd city						House No. and Street														
E-mail address:											Mobile phone / Telephone												
For your information, the means of payment will be used to pay the insurance fees for all those insured under the policy/ies. The amounts and dates of charges will be according to the Company's determination, according to the terms of payment of the insurance policy/ies and the changes made to them from time to time.																							
	Date	credit	it card holder						Credit card holder's signature:														
											N												

Additional information concerning privacy policy of the institutional entities in Harel Group is available on the Group website: www.harel-group.co.il.