PARAMOUNT
DIRECT

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CREDIT CARD AUTHORIZATION

This is to authorize **PARAMOUNT LIFE & GENERAL INSURANCE CORPORATION** to charge my premium (and/or the premium/s of person/s indicated below) to my credit card starting on the next due date.

CREDIT CARD TYPE

- ☐ American Express
- ☐ Any Visa Card or Mastercard
- ☐ JCB
- ☐ Diners

MODE OF PAYMENT

- ☐ Mothly
- ☐ Quarterly
- ☐ Semi-Annual
- ☐ Annual

Please specify issuing bank: _____
Policyholder's Name: _____
Card Number: _____
Cardholder's Name: _____
Card Expiry Date: _____

Premium Amount: _____
Policy Number: _____
Mobile No.: _____
Tel. / Office No.: _____
Email: _____

I hereby understand and agree that should my Credit Card be refused by the Credit Card Company for whatever reason, failing to meet my financial obligation, this premium payment arrangement shall be immediately revoked/cancelled even without prior notice to me. I further agree that **Paramount Life & General Insurance Corporation** shall not be held liable in case of termination of the Policy as a result of such revocation/cancellation.

DATA PRIVACY ACT CONSENT STATEMENTS

Paramount Life & General Insurance Corporation (PLGIC) ("the Company") upholds the data privacy rights of its data subjects and ensures that all personal data collected or to be collected, are processed in compliance with the Data Privacy Act of 2012 and its Implementing Rules and Regulations (IRR).

By availing of PLGIC's insurance products and services or by transacting with the Company, the latter may collect personal information or sensitive personal information (collectively "personal data"). Accordingly, I, the undersigned, hereby give my consent to the following:	**YES**	**NO**
a. Processing of my personal data whether manually or via electronic channels, including but not limited to the collection, usage, storage, customer/client profiling, and disclosure to third parties by "PLGIC", its subsidiaries, affiliates, directors, officers, employees, and agents: (a) to verify and/or confirm any or all the information provided or representation made, (b) to provide, facilitate, monitor, improve the quality of, or otherwise service my account and such products, services, and facilities and/or channels availed by me or may be offered by PLGIC, and (c) to comply with legal, regulatory or other obligations of PLGIC under applicable local or foreign laws, rules and regulation.	☐	☐
b. Retention by PLGIC of the personal data that I submitted for a period of five (5) years, or for a longer period, if the personal data is related to or required to be preserved for litigation or to comply with legal or regulatory requirement. I likewise consent to the correction, amendment, deletion and/or disposal by PLGIC, its subsidiaries, affiliates, directors, officers, employees, agents, and authorized third parties of my personal data which may be inaccurate or incorrect.	☐	☐
c. Use of my Personal Data for purposes of providing services or for other reasonable purposes which are related to the services it provides or improvements/upgrades in its systems and business processes, including but not limited to data analytics and automated processing.	☐	☐
d. Sharing of my Personal Data to its subsidiaries, affiliates and authorized third parties for legitimate commercial or business purposes.	☐	☐
e. Use of my contact details and demographic information for direct marketing or dissemination of promotional information regarding the company's products and services by means of phone calls, mail, email, SMS or any type of electronic facility.	☐	☐

ATTESTATION
I acknowledge that I have been informed of my rights under the Data Privacy Act of 2012, and of the nature, scope, and purpose of the processing of my personal data, as detailed in PLGIC's Privacy Policy (https://www.paramount.com.ph/privacy-policy). I understand that I may withdraw my consent at any time by providing written notice to PLGIC.

For inquiries or concerns relating to the privacy and security of your personal data or information submitted to Paramount Life & General Insurance Corporation (PLGIC), please contact:

The Data Protection Officer
15th Floor, Sage House Building
110 V.A. Rufino Street, Legaspi Village,
Makati City 1229 Philippines

E-mail: dataprotectionofficer@paramount.com.ph
Tel. No.: +632 8772 9267
Mobile Nos.: +639176764846

NOTE TO CLIENT:	1. Please submit the **Credit Card Authorization Slip** together with the front photo of your credit card. 2. If you prefer to send the documents via email, please send it only to paramountdirectACA@paramount.com.ph to help ensure the security of your information.

Cardholder's Signature: _____ Date: _____

A department of:
PARAMOUNT
LIFE & GENERAL
INSURANCE