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 Email : e-service@rockwills.com (Finance Department)

Rockwills®

BILLING INFORMATION

State name of Client:

PRODUCTS AND SERVICES [Please fill up the relevant amount(s)]

Amount (RM)

1) ROCKWILLS CORPORATION SDN BHD (RWC)

a) # Franchise Fee / Franchise Renewal Fee - License Date: _____ a) _____

b) Training / Seminar Fee b) _____

c) Others (please specify): _____ c) _____

2) ROCKWILLS TRUSTEE BERHAD (RWT)

a) Will Writing a) _____

b) #* Will Custody (please specify type): _____ b) _____

c) RWT Executor appointment c) _____

d) # Prepaid *(please tick relevant)*: [ ] Gold [ ] Silver d) _____

e) # Trust Setup (Type of Trust): _____ e) _____

f) Others (please specify): _____ f) _____

** Terms and Conditions of Lifetime Plus Custody Service: (1) Client must be below the age of 65 on date of purchase (2) One year no claim policy for Grant of Probate subsidy*

3) ROCKWILLS ADVISORY SERVICES SDN BHD (RAS)

a) Advisory Fee a) _____

b) Others (please specify): _____ b) _____

4) ROCKWILLS 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) _____

 # Easy Payment Plan ☐ 6 months ☐ 12 months (Minimum amount RM1,200)

Please select for easy payment ☐ Maybank Card ☐ PBB Card ☐ CIMB Card ☐ UOB

TOTAL _____

ANNUAL WILL CUSTODY (AUTO DEBIT)

☐ I agree for Rockwills Corporation Sdn Bhd to debit from my credit card stated below for my Annual Will Custody Fee of **RM130.00**. I agree for my Annual Will Custody Fee to be debited from my credit card annually subject to the prevailing fee at that time. (For new clients, 1st year Annual Custody Fee is waived)

Client's signature

CREDIT CARD INFORMATION

Card Holder's Name: _____

Card Type: ☐ Visa ☐ Master CVV ☐☐☐ Expiry date ☐☐☐☐ MM/YY

Card Number: ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

Contact Number _____ Email: _____ Bank: _____

Signature of Card Holder: _____ Date: _____

*****For Office Use Only*****

Processing Date of Approval :
Code Number: Declined (Reason):

Reminder: No amendment shall be allowed in this credit card payment advice and DO NOT email or submit credit card payment advice at counter again, if it has been earlier sent/submitted to our office.

Note: Rockwills Corporation Sdn Bhd is the collection agent for the products and services listed in this credit card payment advice.