



For official use only.	
Associate <input type="checkbox"/>	No. Assoc. / Ven. / Cus.:
Vendor <input type="checkbox"/>	
Customer <input type="checkbox"/>	

ELECTRONIC PAYMENT ENROLMENT FORM

Request Type: New Application Change Cancellation

Company Name or Name of Individual:

ID Number or Company Registration Number:

Owner's Name (as it appears on Card):

Card Number: Expiry Date: __/__/____

Issuing Financial Institution:

Cardholder's Mailing Address:

Cardholder's Phone Numbers: L: M:

Cardholder's Email Address:

Preferred Method of Contact: Email SMS

I certify that the information above is true and correct.

I hereby:

- (a) Authorize Gan Direct Insurance to make electronic payments to my Debit or Credit Card Account,
- (b) Agree to promptly remit to Gan Direct Insurance any payments made in error,
- (c) Commit to inform Gan Direct Insurance before the expiration of the above-mentioned card, to ensure prompt update of my data.

This authorization remains in full force and effect until 15 days after Gan Direct receives written notification requesting a change or cancellation.

I hereby declare that I have knowledge of the provisions of the Law on the protection of natural persons with regard to the processing of personal data Law No. 125(I)/2018 and I hereby authorize Gan Direct Insurance Ltd to maintain in electronic form and/or in any other form one or more databases containing data of personal nature, as interpreted and in accordance with the said Law, as that data may be communicated, and/or which may be communicated. I also hereby consent to the collection, processing and obtaining confirmation of the data submitted in this form and/or declared for the execution of the agreement. In addition, I have the right to access, rectification, erasure, restrict processing, portability, oppose to profiling, and oppose to automated decision making and profiling of the said data as well as to withdraw my consent and I acknowledge that the Controller of my personal data is Gan Direct Insurance Ltd and the recipient is JCC Payments Systems Ltd. Any information relating to me shall not be disclosed to third parties apart from these mentioned above, except with my consent or in accordance with any Law or Court Order or if it is in the public interest to do so or if necessary for the protection of the Company.

I hereby authorize that the data transferred and/or obtained by Gan Direct may be used for providing telemarketing services, the promotion of the issuer's products and services via any form of communication.

Authorized Signature:

Name in Full:

Date: __/__/____