

VISA Credit Card Reimbursement Form

Please complete this form in **BLOCK CAPITALS** using black ink, and email to **claims@william-russell.com**. Please note that, for your security and privacy, we will destroy this form once your claim has been processed. You will need to complete a new form each time you submit a claim.

Your details

Full name:

Plan number (if applicable): Email:

Credit card details

I would like the reimbursement for my claim to be paid to the following VISA credit card:

Please note we can only make payment to a VISA card. Settlement can be provided in US Dollars, GBP Sterling or Euros. For your security and privacy, we do not store your card details. This means you will have to complete the details below, even if we have previously reimbursed a claim for you.

Currency in which you would like to be reimbursed: US Dollars GBP Sterling Euros

Card number:

Start date: Expiry date:

Name as it appears on your card:

Address to which your card is registered:

Signature

Name of claimant:

Signature of claimant: Date: