

## Commission off-set outstanding premium application form

То	: Zurich	Insurance Cor	mpany Ltd. – Fin	ance Department		
Agent name	:		<del></del>			
CIA no .	:		<del></del>			
Mobile no.	:					
This is to infor	m you tha	at I would like	to off-set the oເ	ıtstanding premiu	ms with my comn	nission amount
HKD		The deta	ails are as follow	rs:		
Policy no.				Net premiur	m amount	
		_			<del></del>	
Date			Signature			

Note: Please submit to BCC via ia.bcc@hk.zurich.com BEFORE 20th of each month.