

## Commission off-set outstanding premium application form

То	: Zurich	n Insurance Company Lt	td. – Finance	Department	
Agent name	:		_		
CIA no .	:		_		
Mobile no.	:		_		
This is to infor	m you th	at I would like to off-se	t the outsta	nding premiums with m	y commission amount
нкр		The details are as	s follows:		
Policy no.				Net premium amount	
		-			_
		-			_
		-			_
		-			<u> </u>
_		-			_
_		-			_
_		-			_
_		-			_
		_			
Data				Cianatura	

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