

Date Received:
Processed by:

COMMISSIONS ENQUIRY FORM

Instructions:

1. Please tick (☑) the appropriate section.
2. Fill up all information required for sections A, B and C.

Section A: Representative's Information

Name:	
PS Code:	Branch:

Section B: Enquiry

Type of Enquiry:	
<input type="radio"/> Outstanding Commission	<input type="radio"/> Commissions Earning Letter (HDB / Credit Card) Period from: to
<input type="radio"/> Discrepancy in Commissions Amount	<input checked="" type="radio"/> NS Letter (Make up claims) Period from: to
<input type="radio"/> Unidentified Clients (UNI Listings)	<input type="radio"/> Others:
Client's Policy Number, Product Name, Product Provider (if any):	
Additional Information:	

Section C: Representative's Signature

Signature of Representative:	Date:
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Please kindly note that we will take at least 3 working days to respond to your enquiry. Due to our scheduled fortnightly pay run, we seek your understanding that there may be delay in responding to your query.