

PAYMENT OF FACULTATIVE REINSURANCE PREMIUM

|  |  |  |  |
| --- | --- | --- | --- |
| **From:** | #INITIATORNAME# @ Reinsurance | |  | | --- | | #SIGNATURE# | |
| **To:** | Technical Director |
| **Location:** | Ozumba Office. |
| **Date**: | #FULLDATE# |

**ON #CUSTOMERNAME#**

**POLICY TYPE: #POLICYTYPE#**

The above subject refers.

Kindly approve the payment of the total sum of **#CURRENCYSIGN##AMOUNTPAYABLE#** being facultative reinsurance premium due to Reinsurers listed below:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| #CUSTOMERNAME# | | | | | |
| POLICY NO. #POLICYNUMBER# | | | | | |
| FACULTATIVE REINSURANCE PREMIUM PAYMENT SCHEDULE | | | | | |
| PERIOD: #POLICYSTARTDATE# - #POLICYENDDATE# | | | | | |
| S/N | REINSURERS | % SHARE | GROSS  PREMIUM (#CURRENCYSIGN#) | RI COMMISION  (#CURRENCYSIGN#) | AMOUNT PAYABLE  (#CURRENCYSIGN#) |
| 1 | AXA + OTHER INSURERS | #OTHERPERCENTAGECEDED#% | #OTHERGROSSPREMIUM# |  |  |
| 2 | #REINSURERNAME# | #PERCENTAGECEDED#% | #GROSSPREMIUM# | #COMMISSION# | #AMOUNTPAYABLE# |
|  | **Total** | **#TOTALPERCENTAGE#%** | **#TOTALPREMIUM#** | **#TOTALCOMMISSION#** | **#TOTALAMOUNTPAYABLE#** |

Please find attached supporting documents. Thank you.

Concurrence:

Approval:

**AXA MANSARD INSURANCE PLC**

**DATE**

#DATE#

**TECHNICAL EXPENSE FORM**

**FUNDS TRANSFER**

**FROM:** #INITIATORNAME#@ Reinsurance

**TO: Fincon Group**

**Beneficiary:**

#REINSURERNAME#

**Purpose of Payment:** #PAYMENTPURPOSE#

**Amount (In Words):**

#AMOUNTINWORD#

**#CURRENCYCODE#**

#AMOUNTPAYABLE#

Prepared By

**Authorised By**

**Approved By**

|  |
| --- |
| #SIGNATURE# |