



Zurich Takaful Malaysia Berhad (731996-H)
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TO : AGENCY REMUNERATION SECTION, FINANCE OPERATIONS

SUBJECT: **REQUEST FOR DEBIT STATEMENT**

NAME :

CODE : H/P NO: -

POSITION : CAM AM WP

PLEASE TICK (✓) WHERE APPLICABLE

CONTRIBUTION

NO.	CERTIFICATE NO.	PERSON COVERED	RELATIONSHIP	EFFECTIVE MONTH (MM/YY)			
1.						-	
2.						-	
3.						-	
4.						-	
5.						-	

* FILL -UP NEW FORM FOR ATTAINED AGE

OTHERS (PLEASE SPECIFY) _____

AMOUNT TO DEBIT (PER MONTH) : **RM**

FINAL AMOUNT (if applicable) : **RM**

NO. OF INSTALLMENT :

GRAND TOTAL AMOUNT TO DEBIT : **RM**

EFFECTIVE DATE OF DEDUCTION : - -

 NAME :
 IC NO :

AGENCY REMUNERATION SECTION, FINANCE OPERATIONS DEPARTMENT'S USE ONLY

APPROVED NOT APPROVED DATE: _____

REASON : _____