

# COMMISSION INVOICE

[Broker Company Name]  
[Address Line 1]  
[Address Line 2]  
Tax ID: [00-0000000]

**Invoice #:** [INV-000]  
**Date:** [DD/MM/YYYY]  
**Due Date:** [DD/MM/YYYY]

---

## BILL TO (REINSURER)

[Reinsurer Name]  
[Address]  
[City, Country]  
Attn: Accounts Payable

## POLICY / TREATY DETAILS

**Ceding Insured:** [Name]  
**Policy Number:** [Policy #]  
**Period:** [Start] to [End]  
**Class of Business:** [Type]

Description	Gross Premium	Rate (%)	Commission Amount
[Type: Facultative/Treaty] Commission on Installment #[X]	[Currency] 0.00	0.00%	[Currency] 0.00
Profit Commission (if applicable)	-	0.00%	[Currency] 0.00

Subtotal: 0.00  
Tax/VAT ([0]%) : 0.00  
Total Commission Due: [Currency] 0.00

## BANK TRANSFER DETAILS

Bank: [Bank Name]  
Account Name: [Account Holder]  
SWIFT/BIC: [Code]  
IBAN/Account #: [Number]

---

Notes: Please include Invoice Number as payment reference. All bank charges are for the account of the remitter.