



# TYSERS

## PROFESSIONAL INDEMNITY

Proposal Form  
for  
Insurance Brokers

Since 1820



Tyser & Co Limited, UK Corporate Risks Division  
12 Camomile Street, London EC3A 7PJ  
Tel: +44 (0)20 3037 8000 Fax: +44 (0)20 3037 8010

Authorised & Regulated by the Financial Services Authority Ref. No. 308648

**Information:**

This is a proposal form for a policy relating to claims made against the Insured during the period of the policy only – i.e. CLAIMS MADE is the date when the claim is received by Tyser & Co Limited, not the date of the alleged claim, that determines the applicable policy. A gap in cover therefore leaves the Insured unprotected.

Please answer all the questions giving full and complete answers. If you have insufficient space to complete any of your answers, please continue on your headed paper. This form must be signed and dated by a Director, Partner or Principal or identified Officer of this firm.

The proposal form must be completed and signed and dated by a Principal, Partner or Director of the Proposer. The person completing and signing the form should be authorised by the Proposer to do so and should make all necessary enquiries of this fellow Partners, Directors and Employees to enable all the questions to be answered.

All questions must be answered to enable a quotation to be given.

Completing and signing this proposal does not bind the Proposers or Insurers to enter a contract of insurance.

If there is insufficient space to answer questions, please use an additional sheet and attach it to this form (please indicate question number).

**Duty to disclose material facts**

Since an insurance/reinsurance contract is based upon the duty of utmost good faith, it is important that those seeking insurance/reinsurance should provide full disclosure of all material facts to insurers and that this information should be kept updated. The courts will find a fact to be 'material' where it would affect the judgment of a prudent insurer as to whether or not to accept the risk at the particular terms offered.

The practical advice, which we give to clients or producers, is this; if you are in doubt we recommend that you advise the information to insurers. Please note that a renewal is based on the information, which has already been provided to insurers. Therefore if there is a change in such information which has not yet been advised, this must now be advised to insurers.

**Please supply the following additional information:**

- Company Brochure
- CV's of Principals



**Details of the Proposer:**

1. Name(s) (including trade names) of all entities to be insured:

2. Address(es) of the Proposer(s):

3. Website/Email address:

4. Date since the Proposer(s) has continuously conducted business:

5. Please provide details of the Principals/Partners/Directors of the Proposer:

Name	Qualifications	Date Qualified	Date Commenced

6. Please state total number of:

Principals/Partners/Directors:

Self-Employed Staff:

Qualified Staff:

Administrative/Other:



7. (a) Has the name of the Proposer ever been changed? Yes  No
- (b) Has any other practice or business amalgamated or merged with you? Yes  No
- (c) Have you purchased any other practice or business? Yes  No

If Yes to (a), (b) or (c) please provide full details:

8. Are there any agents, whether for financial Services or General Insurance, that you require to be indemnified under this insurance? Yes  No   
*(Your answer should include any previous agent where cover is still required).*

If Yes please provide full details, including types of business, dates appointed (and ceased if applicable) and income levels (gross and net retained):

9. Is cover required for the previous business activities of any Principal/Director/Partner? Yes  No

If Yes please provide full details:

10. (a) Has your ownership changed, or has there been any amalgamation or take-over in the past ten years? Yes  No

If Yes please provide full details:

- (b) Is cover required for any predecessor(s)? Yes  No

If Yes please provide full details:



11. If the Proposer is a sole practitioner what procedures are in place for periods of absence from the office or illness?

Please provide full details:

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12. Please list the professional/regulatory bodies, trade associations or societies to which you belong:

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13. (a) Please provide details of your gross commission/brokerage:

Previous Year ____ / ____ / ____	Current Year ____ / ____ / ____	Estimated Year ____ / ____ / ____

(b) What percentage of your gross fees were derived in the previous financial year from your largest client:   %

14. (a) Please provide a split of gross commission/fee income in the previous financial year:

Activity	Personal %	Commercial %	Total %
Motor			
Household		N/A	
Other Personal			
Accident (including Public Liability)			
Aviation/Marine			
Bloodstock	N/A		
Other Commercial	N/A		
Investments <i>(Please see Q17 and complete)</i>			
Pensions			
Building Society Agency			
Mortgage Broking			
Other Life			
Reinsurance	N/A		
Risk Management	N/A		
Loss Assessing/Claims Adjusting	N/A		
Other (Please provide full details)			
<b>Total</b>	<b>%</b>	<b>%</b>	<b>100%</b>



- (b) Have your activities changed in the past 5 years or do you anticipate any major changes in these activities in the forthcoming 12 months? Yes  No

If Yes, please provide full details:

- (c) Please state the two largest sums insured that you place in respect of:

- (i) Fire and perils (i.e. the material damage and business interruption combined exposure)

Client	Risk	Sum Insured
		£
		£

- (ii) Public liability, products liability or professional indemnity risks

15. If no income is declared in any part of Q11 above, have you carried out any of these activities in the past? Yes  No

If Yes, please provide details of activities and income derived from this:

16. Is the Proposer(s) authorised for investment business under the Financial Services and Markets Act (2000)? Yes  No

If Yes, please state your regulatory body and type(s) of business you are authorised to undertake:



17. Please provide a percentage split of gross commission/fee income in the previous financial year derived from your investment activities:

**(Please also fully complete attached supplementary Financial Services Questionnaire)**

		<b>As Principal</b>	<b>As Agent</b>	<b>As Manager</b>
(i)	Investment in Insurance Bonds	%	%	%
	UK (Excluding Channel Islands & Isle of Man)	%	%	%
	Offshore	%	%	%
(ii)	Investment in Unit Trusts	%	%	%
	UK (Excluding Channel Islands & Isle of Man)	%	%	%
	Offshore	%	%	%
(iii)	Dealing in listed UK Securities	%	%	%
(iv)	Dealing in unlisted UK Securities	%	%	%
(v)	Dealing in Foreign Securities/Investments	%	%	%
(vi)	Dealing in Bonds (e.g. Eurodollar)	%	%	%
(vii)	Dealing in Commodities (Future or Physicals)	%	%	%
	Average Investment	£	£	£
	Maximum Investment	£	£	£
(viii)	Investment in 'Tangibles' e.g. Fine Art, Property etc	%	%	%
	Average Investment	£	£	£
	Maximum Investment	£	£	£
(ix)	Private Client Portfolio Management (Please state if discretionary/non-discretionary)	%	%	%
	Average Investment	£	£	£
	Maximum Investment	£	£	£
(x)	Institutional Fund Management	%	%	%
	Average Investment	£	£	£
	Maximum Investment	£	£	£
(xi)	Corporate Finance	%	%	%
(xii)	Mergers & Acquisitions	%	%	%

18. Does the Proposer(s) act as trustee of any pension fund? Yes  No

If Yes, please provide full details:

19. Do you place insurances for clients who are resident outside of the UK? Yes  No

If Yes, please provide full details:



20. Do you place insurances with Insurers/Underwriters operating outside of the UK? Yes  No

If Yes, please provide details:

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21. Do you place insurance with any Underwriting Agency? Yes  No

If Yes, have you checked the validity of their authority? Yes  No

Please list the names and countries of the agencies:

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22. In respect of material damage and business interruption combined exposure, please provide details of the two largest sums insured placed directly by the Proposer.

Client	Risk	Sum Insured

23. In respect of public liability, products liability or professional indemnity risks, please provide details of the two largest sums insured placed directly by the Proposer.

Client	Risk	Sum Insured

24. Do you hold a Binding Authority with any Insurer? Yes  No

**If Yes, the Binding Authority Questionnaire must be completed**



25. Office Procedures:

- (a) Are satisfactory written references obtained prior to the engagement of any employee responsible for accounts, money or goods? Yes  No
- (b) Are petty cash and cash in hand checked independently of the employees responsible at least monthly and additionally without warning every six months? Yes  No
- (c) Are bank statements, receipts, counterfoils and supporting documents checked at least monthly against the cash book entries independently of the employees making cash book entries or paying into the bank? Yes  No
- (d) Are employees receiving cash and cheques in the course of their duties required to pay in daily? Yes  No
- (e) Do all cheques drawn for more than £25,000 require at least two signatures? Yes  No
- (f) Are all computer records back-up daily? Yes  No
- (g) Has the Proposer(s) suffered any loss through fraud or dishonesty at any time? Yes  No

If Yes, please provide details including date, circumstances and steps taken to prevent a recurrence:

26. Do you ever sign proposal forms on behalf of any clients? Yes  No

If Yes, how do you ensure the information is accurate, full and complete:



27. Do you have any on-line facilities with Insurers for arranging insurance contracts, issuing policies or schedules? Yes  No

If Yes, please provide details (including type of business, Insurer etc):

28. Do you have your own website where clients may arrange their insurances directly? Yes  No

If Yes, please provide details (including type of business, Insurer etc):

29. Do the Principals, Partners, Directors of the Proposer have any association with or financial interest in any other practice, company or organisation? Yes  No

If Yes, please provide details:

30. (a) Have you sustained any loss through the fraud or dishonesty of any employee or is there knowledge of such dishonesty? Yes  No

If Yes, please provide details including date, circumstances and steps taken to prevent a recurrence:

- (b) Is there a complete annual audit by a firm of professional accountants? Yes  No

- (c) Do you always obtain written references going back at least three years when engaging employees? Yes  No

- (d) Is any employee allowed to sign cheques on his/her signature alone? Yes  No

If Yes up to what amount?

£

- (e) Are cash books, receipts, counterfoils and bank statements checked independently by a Principal/Director/Partner at least monthly? Yes  No



### Previous/Current Insurance

1. Does the Company currently have a Professional Indemnity Insurance Policy in force? Yes  No

If Yes:

- (a) Insurer:
- (b) Expiry Date:
- (c) Limit of Indemnity:
- (d) Excess:
- (e) Premium:
- (f) Expiry Retroactive Date:

2. Please indicate the Limit of Indemnity required:

- £500,000     £1,000,000     £1,500,000
- £2,000,000     £2,500,000     £3,000,000
- £5,000,000     Other (Please Specify)  £

3. What Excess is the Proposer prepared to carry uninsured?

- £500     £1,000     £2,500
- £5,000     £10,000     Other (Please Specify)  £



### Claims/Circumstances Information

1. Is any Principal/Director/Partner, **AFTER FULL ENQUIRY**, aware of any circumstance which might:
  - (a) Give rise to a claim against you, any predecessor or any past or present Principal/Director/Partner? Yes  No
  - (b) Cause any loss to you, any predecessor or any past or present Principal/Director/Partner? Yes  No
  - (c) Otherwise affect the consideration of this proposal for insurance? Yes  No
  
2. Have present insurers been notified of all claims or circumstances including Pension Review cases likely to give rise to claims? Yes  No
  
3. Has any:
  - (a) Proposal for similar insurance made on your behalf or on behalf of any of the present or past Principals/Directors/Partners, or any of your predecessor(s) ever been declined or has any such insurance ever been cancelled or renewal refused? Yes  No
  - (b) Application for, or membership of any trade association or regulatory body (such as the GISC, PIA or FSA) ever been refused or cancelled? Yes  No
  - (c) Disciplinary proceedings been brought by a regulatory or professional body against the business, any employee, self-employed consultant or any Partner or Director or their predecessors in business during the past ten years? Yes  No

If Yes to any of the aforementioned, please provide full details

**NB See your records is not an acceptable answer**



**Please complete the declaration below:**

**If you are authorised to transact Financial Services business (or have been since implementation of the Financial Services Act (1986) and require run-off cover), you must complete the Financial Services Questionnaire at the back of this proposal form.**

Please read this paragraph carefully before signing the declaration:

*It is essential that every Proposer or Insured when seeking a quotation to take out or renew any insurance, disclose to the prospective Insurers all material facts and information (including all material circumstances) which might influence the judgement of an underwriter in deciding whether to accept the risk and on what terms. Failure to do so entitles the Insurers, if they so wish, to avoid the contract of insurance from inception and so enables them to repudiate liability thereunder. If you have any doubt as to what constitutes a material fact or circumstance please do not hesitate to ask for advice.*

**Declaration**

I/We declare that, after full enquiry, the contents of this proposal are true and that I/we have not misstated, omitted or suppressed any material fact or information. I/We agree that this proposal together with any other information supplied by me/us shall form the basis of any contract of insurance which may be effected. If there is any material alteration to the facts and information which I/we have provided or any new material matter arises before the completion of the contract of insurance, I/we undertake to inform Insurers.

Signature

Date:

A copy of this proposal should be retained by you for your own records.

**All questions must be answered fully and those questions not relevant to you should be marked N/A.**

**If there is insufficient space, please provide details on your letterhead.**





# TYSERS

## PROFESSIONAL INDEMNITY

Binding Authority Supplementary Questionnaire  
for  
Insurance Brokers

Since 1820



Tyser & Co Limited, UK Corporate Risks Division  
12 Camomile Street, London EC3A 7PJ  
Tel: +44 (0)20 3037 8000 Fax: +44 (0)20 3037 8010

Authorised & Regulated by the Financial Services Authority Ref. No. 308648

**Please note: One form should be completed for each separate Binding Authority held, either existing or past and for which coverage is required.**

1. Are you able to accept business on rates/terms pre-agreed by Insurers? Yes  No

If No, are all rates agreed on a prior submit basis? Yes  No

If No, please provide full details of the authority held to vary rates/terms within the agreement:

2. Does the Firm have claims handling/settlement authority? Yes  No

If Yes, please provide full details including any limitations:

3. Date authority commenced:

4. Please list all Insurers, Lloyd's Syndicates or Re-Insurers subscribing to this Authority:

5. Please list all classes of business authorised under the agreement:

Class of Business	Direct or Re-Insurance	Maximum Limits



6. Please provide details of the origins of the business accepted:

(a) UK Yes  No

(b) Europe Yes  No

(c) USA/Canada Yes  No

(d) Elsewhere (Please specify) Yes  No

7. Please describe the normal manner in which business is accepted:

8. Does the proposer in its own right handle the placing of any Re-Insurance Protections on behalf of those Insurers for whom they accept risks under the above agreement? Yes  No

9. Please provide total premium income allocated to this Binding Authority in respect of:

(a) Previous Year

(b) Last Complete Year

(c) Forthcoming Financial Year (estimate)

10. Please provide total commission/fees/earnings derived from this Binding Authority in respect of:

(a) Previous Year

(b) Last Complete Year

(c) Forthcoming Financial Year (estimate)



11. What training is given to the staff in respect of the Binding Authority?

12. How often is training updated?

13. Is there a formal written set of guidelines in place for the operation of the authority? Yes  No

14. What measures are in place

15. Please provide the following information in respect of all persons engaged in the acceptance and binding of risks under the authority:

Name	Position (and details of previous experience)

16. How often does the Insurer audit the arrangement and review the files?

17. What was the date of the last audit?



This questionnaire is intended to be read in conjunction and forms part of the proposal form.

Signature of Partner/Director/Proprietor:

Name of Signatory:

Date:





# TYSERS

## PROFESSIONAL INDEMNITY

Financial Services Supplementary Questionnaire  
for  
Insurance Brokers

Since 1820



Tyser & Co Limited, UK Corporate Risks Division  
12 Camomile Street, London EC3A 7PJ  
Tel: +44 (0)20 3037 8000 Fax: +44 (0)20 3037 8010

Authorised & Regulated by the Financial Services Authority Ref. No. 308648

**Pension Transfers, Pension Opt Outs and/or Pension Non Joiners:**

1. Name of Proposer:

2. Did the proposer give advice between April 1994 and June 1998 to persons who transferred their accrued rights out of, did not join, or opted out, of their employers Occupational Pension Scheme and who commenced an individual Personal Pension Plan? Yes  No

If Yes, please state the number of pension cases (not execution only) effected by the applicant in the following categories for each of the years.

- (a) Persons opting out of current Occupational Pension Scheme in favour of Personal Pension Plan.
- (b) Persons who to the applicant's knowledge could have joined an Occupational Pension Scheme but who chose to take an individual Personal Pension Plan (the applicant should consult file records before answering this question)
- (c) Persons within (a) above, transferring from any Occupational Pension Scheme to a Personal Pension Plan.
- (d) Transfer of rights in any Occupational Pension Scheme to a Personal Pension Plan where the person has already opted out from or left service, or where their scheme was closed.
- (e) Persons taking a section 32 buy-out of their rights under any Occupational Pension Scheme.

	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
a															
b															
c															
d															
e															

3. With regard to transactions falling within Q2 above, please advise:

(a) Was it the proposer's practice to obtain sufficient information recorded in writing to show that the transaction recommended was suitable for the clients needs (i.e. Client Financial Planning Analysis and/or Know Your Client questionnaires)? Yes  No



If No, please provide full details:

- (b) Was it the applicants practice to provide personal pension clients with a written explanation as to why the transaction recommended is suitable for their needs (e.g. providing a written comparison between their existing pension arrangements and any recommended replacement product or a Reason Why Letter)? Yes  No

If No, please provide full details:

4. In relation to any recommended pension transfers from Occupational Pension schemes as from 01/07/1994 to the current date, does the proposer prepare or obtain in every case a transfer value analysis which in turn is provided to the client no later than the making of the recommendation? Yes  No

If No, please provide full details:

5. Please provide the gross fee/income received from all work in each of the years below:

	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
Income															

6. Has the proposer completed both Phase I and Phase II strictly in accordance with the regulator's requirements and timetable? Yes  No

If No, please provide full details:



Please specify which regulator's requirements and timetable are used:

--

7. Please complete the following in respect of your regulators Pension Transfer Review including opt-outs, non-joiners and transfers:

	Phase I	Phase II
(a) Total number of cases where the applicant was required by regulations to send out invitation letter in respect of pension reviews.		
(b) Total number of cases where the proposer has sent out invitation letters in respect of the pension review.		
(c) Number of cases where the clients requested a review of/or complained about advice provided.		
(d) Number of exclusion cases with (c) above which require no further action.		
(e) Number of cases within (c) above requiring compliance and/or loss test under the regulators guidelines.		
(f) Number of cases within (e) above fully reviewed and not requiring redress.		
(g) Number of cases within (e) above still requiring compliance and/or loss test.		
(h) Number of cases within (e) above which failed either the compliance and/or loss test.		

8. What was the average transfer value in Phase I and II?

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9. What is the maximum transfer value in Phase I and II?

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10. Please advise below the details of each case with a transfer value over GBP 25,000

Name	Date of Transfer	Transfer Value	Ceding Scheme	Current Value	Status Under Review

11. Are any Phase II cases transfers from Statutory Occupational Schemes? Yes  No

If Yes, please provide full details:

12. Please provide full details of all Pension Review cases notified as claims and/or circumstances including names of investors, status under review, transfer values and amount of redress required if applicable.

13. Has the proposer ever had or is the proposer on notice of a PIA Pension Review monitoring visits and/or FSA monitoring visit? Yes  No

If Yes, please provide full details:



14. Has the proposer had or does the proposer intend to procure a PASS health check or similar review visit? Yes  No

If Yes, when is/was this?

15. Please advise the result of any PIA Pension Review monitoring visit/FSA monitoring visit or PASS health check, which has taken place, together with a copy of the full report and details of any corrective action taken:

16. Has the proposer ever arranged a regular personal pension where the investor is in a Waiting Period becoming eligible to join an Occupational Pension Scheme? Yes  No

If Yes, please advise the numbers affected for each of the following years:

	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
No of cases															

17. What procedures does the proposer operate to ensure that Waiting Period cases are reviewed when the investor becomes eligible to join the occupational pension scheme?

This questionnaire is intended to be read in conjunction and forms part of the proposal form dated.....

Signature of Partner/Director/Proprietor:

Name of Signatory:

Date:



## Income Draw Down

1. Name of Proposer:

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2. Please complete the following:

	1997	1998	1999	2000	2001	2002	2003	2004	2005
Total No of draw downs transacted									
No of cases under £100,000 in value									
No of cases where original fund value between £100,000 and £300,000									
Fund value of the largest case									

3. In each year, please provide the percentage of cases taking maximum drawdown:

	1997	1998	1999	2000	2001	2002	2003	2004	2005
No of cases:									

4. In each year, please provide the percentage of cases taking full commission:

	1997	1998	1999	2000	2001	2002	2003	2004	2005
Percentage of cases:									

5. Does the proposer maintain on file "Know Your Client Questionnaires" for all income draw down case? Yes  No

6. On what basis does the proposer recommend income draw down? Please confirm if for loan basis, investment decision or other. (Please specify):

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7. Does the proposer have a strategy with regard to cases where the original fund value is less than £100,000? Yes  No

If Yes, please provide full details:

8. In each year what average commission levels does the Proposer charge and were they made known to each customer questionnaire?

	1997	1998	1999	2000	2001	2002	2003	2004	2005
Commission levels:									

This questionnaire is intended to be read in conjunction and forms part of the proposal form dated.....

Signature of Partner/Director/Proprietor:

Name of Signatory:

Date:



## Free Standing Additional Voluntary Contributions

1. Name of Proposer:

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2. Has the proposer ever been involved in arranging (including giving Yes  No   
advice) freestanding additional voluntary contributions (FSAVC's)?

If Yes, please advise the numbers:

No of cases:	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005

3. Please advise, in the table below, the numbers of FSAVC's effected for:

(a) Persons entitled to join a matched AVC scheme where their employer will contribute to an in house AVC alongside the employee contribution but excluding execution only clients.

(b) Persons entitled to join other subsidised schemes with the employer meeting the cost of an enhancement in benefits, (e.g. the additional accrual of benefits of the provision of added years but execution only clients)

	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
(a)																
(b)																

4. Referring back to the answers given in Q2 above, was it the proposers practice to obtain sufficient information, recorded in writing, to show that the transaction recommended was suitable for the client's needs (e.g. Client Financial Planning Analysis and/or Know Your Client Questionnaires)? Yes  No

If No, please provide full details:

--



5. Referring back to the answers given in Q2 above, was it the proposer's practice to provide intending FSAVC clients with a written explanation as to why the transaction recommended was suitable for the Client's needs (e.g. Client Financial Planning Analysis and/or Know Your Client Questionnaires)? Yes  No

If No, please provide full details:

6. Does the proposer keep records to comply with Table 5 to the PIA rules Chapter 5, in respect of every transaction falling within Q2 above? Yes  No

If No, referring to records relating to a pension transfer transaction (bearing in mind the Adopted Rules of FIMBRA that all such records should be retained indefinitely), please state which records have been destroyed, and why, the transfer value, the name and age of the client concerned, whether they had already left the employers employment, and the name of the Occupational Pension Scheme:

If No, in relation to other cases, please state when and in what circumstances the records were destroyed:

This questionnaire is intended to be read in conjunction and forms part of the proposal form dated.....

Signature of Partner/Director/Proprietor:

Name of Signatory:

Date:



## Endowment Mortgages

1. Name of Proposer:

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2. Has the proposer ever been involved in arranging (including giving Yes  No   
advice) low cost or low start endowment policies in connection with  
mortgages?

If Yes, please advise the numbers:

No of cases:	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005

If Yes, please advise the largest and average mortgage values:

	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
Largest																
Average																

3. Referring back to the answers given in Q2, has it been the proposer's practice to advise intending investors (and to document on file) that:

(a) An endowment cannot be guaranteed to pay off any mortgage loan at maturity? Yes  No

(b) Other forms of mortgage repayment are available which could meet that client's needs? Yes  No

(c) That an endowment policy involves an investment risk? Yes  No

If No, please provide full details:

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This questionnaire is intended to be read in conjunction and forms part of the proposal form dated.....

Signature of Partner/Director/Proprietor:

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Name of Signatory:

--

Date:

--





Has the Proposer (or any other entity requiring cover under this Proposal for Insurance), acted as an Introducer, advised on or sold any SCARPS? Yes  No

Name of Investor	Product	Date of Investment	Maturity Date	Sum Invested	Relevant Tracking Index	Current Maturity Value <i>(excluding accrued interest)</i>	Guaranteed Income/Growth amount	Execution Only basis

*Continue on additional sheet if necessary.*

**Please provide the Key Feature Document for each product indicated above.**

*This questionnaire is intended to be read in conjunction and forms part of the proposal form dated.....*

Signature of Partner/Director/Proprietor:

Name of Signatory:

Date:

