

Source Insurance Limited
Drake House
Plymouth Road
Penarth
Vale of Glamorgan
CF64 3TP

Fax: 029 2035 0417
FAO: Insurance Accounts Dept

Date:

Dear Source Accounts

Re: Transfer of Agency (Appointed Representative to Directly Authorised)

Please be advised that we have left the network named _____

_____.

Please amend our Source account with the following information:

Broker ID(s):
Name of Bank:
Account Holder's Name:
Bank Account Number:
Sort Code:
Previous FSA Number:
New FSA Number:

Attached is confirmation from our former network, _____

that they are happy to release the attached business and that we are no longer members of their network.

I can confirm that we accept all liability for cancellations and clawbacks in the commission relating to the above broker IDs.

If you have any queries please contact me on telephone number:

Yours sincerely

Signed: _____

Print Name: _____

Director / Proprietor / Partner / Sole Trader: