

**Transfer Department
Source Insurance Ltd
Drake House
Plymouth Rd
PENARTH
CF64 3TP**

**[NB: This form should be printed on your company letterhead,
then completed in full and returned to the address opposite]**

Today's Date:

/ /

Instruction to Transfer Authority

Please transfer the attached list of clients from the Current Broker to the New Broker as named below.

Current Broker

Name Company Source Broker No(s)

New Broker

Name Company

All servicing, renewal commission, clawbacks and liabilities are to be transferred from the Current Broker to the New Broker with effect from* / / Please do not transfer any clients not on the list attached.

By order of,

[Signature of Director/Proprietor - pp does not constitute authorisation]

Name of Signatory:

Position in Company:

* NB: The effective date cannot precede the date of writing. The list of clients must be signed and dated.