

CORPORATE MEMBER'S SYNDICATE LIST - PART 1

Corporate Member/Candidate:

Year of Account 2020

Membership No:

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Basis & Level of Remuneration

Managing Agent	Syndicate No	Member's Syndicate Premium Limit £	* denotes change on previous year	Managing Agent's Fees		
				Profit Commission Rate %	Deficit Clause carry forward (Years)	Annual Fee
Total £			For & on behalf of Corporate Member/Candidate: Signed by: Name/Position: Date/...../ 20			