**Please return to Lloyd’s Member Services by email to:** **[syndicatestamps@lloyds.com](mailto:syndicatestamps@lloyds.com)**

**Due date: within one working day of a syndicate receiving notification from CPG that its business plan for 2026 has been agreed.**

Syndicate No:

Managing Agent:

Agent Code:

Contact Name:

Contact Tel. No:

2025 Capacity (excluding SPA capacity): £

2026 Capacity (excluding SPA capacity): £

Agreed Decrease: £

**Declaration by Compliance Officer or Director:**

I confirm the necessary consents have been given in the Business Plan agreement letter & the de-emption should be applied to the Syndicate Stamp constitution.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_**

Authorised Signatory Position

Print Name -----------------------------------------

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_