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

Syndicate No:

Managing Agent:

Agent Code:

Contact Name:

Contact Tel. No:

2024 Capacity (excluding SPA capacity): £

2025 Capacity (excluding SPA capacity): £

Proposed Increase: £

The proposed increase represents a pre-emption of \_\_\_\_\_\_\_\_\_\_\_ %

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Director / Compliance Officer (delete as appropriate)

Authorised Signatory

Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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