**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 Decrease: £

The proposed decrease represents a de-emption of \_\_\_\_\_\_\_\_\_\_\_ %

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

Authorised Signatory

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

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