

CORPORATE MEMBER'S SYNDICATE LIST - PART 2

Corporate Member/Candidate:

Managing Agent:

Year of Account: 2020

Syndicate No:

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Member/Candidate Name	Member No	Member's Syndicate Premium Limit £		Profit Commission Rate %	Deficit Clause carry forward (Years)	Annual Fee

For & on behalf of Corporate Member/Candidate:

Signed by: Date...../...../20....

Name/Position:

Signed on behalf of Managing Agent:Date...../...../20..