Corporate Member/Candidate: ………………………… Year of Account 2025

Membership No: …………………………………………. Page ……. of ……

**Basis & Level of Remuneration**

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