

FAL Online/Members' Access to Funds at Lloyd's

User Request form

Name of Member

Membership Number.....

Fund Number(s)

(If you do not know the fund please leave blank)

Name(s) of User(s) Requesting Access

to the Members Information

.....

.....

Type of user: (please tick one box)

Member

Third Party Provider

Other (please specify)

The Service is provided on the basis that all FAL information for the Member will be available to the User(s). Therefore, a registered director¹/limited partner/LLP member² of the Member (as applicable) will be required to sign this form, either as a proposed User or as a countersignatory to confirm that they have no objection to the FAL information being made available to the User(s).

I/we request access to the Fund's at Lloyd's information of the Member(s) identified above or on the attached list (the provision of such access constituting "the Service" for the purposes of these Terms and Conditions):

I/we confirm that I/we have registered at Lloyd's.com with the email address(s) given below.

In requesting access to the information I/we accept the [Terms of Use](#) .

¹ Excluding directors providing management and administration services only.

² Excluding the (corporate) Non-contributing members of the LLP.

Signature

Name

E-mail

Date

Signature

Name

E-mail

Date

Signature

Name

E-mail

Date

Counter-signature by Director / Individual

I/we, not intending to be Users of the Service, confirm that I/we agree to the proposed Users set out above making use of the Service.

Name Signature Position.....

Date

Name Signature Position.....

Date

Counter-signature by 1 Third Party Director/Owner (if applicable)

Name Signature Position.....

Date