Corporate Member/Candidate: ………………………………

Managing Agent: ……………………………………………... Year of Account: 2025

Syndicate No: …………………………………………………. Page: …….. of ………..

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Member/CandidateName** | **Member No** | **Member’s Syndicate Premium Limit £** |  | **Profit Commission Deficit Clause carry**  **Rate % 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….