

FORM N012

NOTICE OF INSURANCE SALESMAN CONTRACT

To the Registrar of Insurance

Please note that with effect from.....
Date

Mr/Mrs/Miss.....
of.....
Address

has entered into a contract with:

.....
Name of Company

to carry on the business of SALESMAN in respect of the following classes of insurance business:

- | | |
|---------|---------|
| 1 | 2 |
| 3 | 4 |
| 5 | 6 |
| 7 | 8 |

Signature.....

Title.....
(Please affix the official stamp of the Company)

Date.....