

**Application for Change of Agency**

Policy company address:

Policyholder's address:

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Tel No:.....

Date: .....

Dear Sirs,

Policy/plan No:.....

Policy Name/type:.....

Policyholders:.....Date of Birth.....

.....Date of Birth.....

Please transfer the agency and servicing of the above plan to:

Cavendish Online Ltd,  
8, Bay Chambers,  
West Bute Street,  
Cardiff Bay,  
CF10 5BB

Please forward all future renewal commission to Cavendish Online.

If you have any queries please contact either Cavendish Online on 08456 442544 or myself.

Yours faithfully

.....  
Policyholder's signature.

.....  
2<sup>nd</sup> Policyholder's signature where applicable.