

Cancelling a payee nomination

Please read the notes at the foot of this form carefully.

1. Your details			
What is the name	of your company?		
Your policy number		Your customer number	
2. The payee			
	ganisation that you receive payment.		
Address			
Postcode		Country	
		Country	
Name			
Email			
3. Your authoris	ation		
Please cancel our	nomination dated	of the payee named above.	
Signed			
Position in compa	anv		
Date			
Notes			
 These instructions: a. are invalid if the printed contents of this form have been altered in any way b. will become effective on the date of receipt by the Insurer. 			
For our use			
Date received:			
tradius Harbour Drive	Phone +44 (0)29 2082 4000	Company Registration Number FC033828	VAT Registration Number GB 542 8734 29

Cardiff CF10 4WZ UK

FSR Number: 755408

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