

AUTHORISATION FORM TO BE COMPLETED BY POLICY HOLDER

In the event that the policy holder has requested a Third Party to deal with the insurance on his/her behalf the policy holder must complete this form and return it to us.

POLICY NO:

NAME OF VESSEL:

I _____(POLICY HOLDER) whose address is

Confirm:

(a) My date of birth __ __ / __ __ / __ __

(b) My telephone number _____

I also confirm that Mr/Mrs/Miss

Is authorised to deal with you in relation to any insurance matter and that you are authorised to divulge to such person any data that you hold on my behalf.

For security purposes I confirm the security word for release of data will be

_____.

This information is provided to comply with the Data Protection Act.

This authorisation will continue until you receive written notice from me to the contrary.

SIGNED: _____

DATE: __ __ / __ __ / __ __