

Authorised and regulated by the Financial Services Authority, FSA number 229892

SERVICING AUTHORITY

Client name: _____

Date of birth: _____

Address: _____

_____ Post Code: _____

Telephone numbers: Home: _____ Work: _____

To Whom It May Concern:

I hereby give notice that Black Swan Capital, at the address below, will from this point on be acting as my servicing agent on the policy/policies detailed below. Therefore, please ensure that your records are amended to reflect this and take note that existing servicing and renewals will be undertaken by Black Swan Capital.

At the same time please would you provide Black Swan Capital with a statement of benefits for the relevant policies indicating commencement dates, term and premiums. I confirm that I have read and agreed to Black Swan Capital's terms of business.

Company	
Policy type	
Policy number	

Signature: _____ Date: ____ / ____ / ____