CAYMAN FIRST
FIRST IN INSURANCE. TODAY. TOMORROW.

TERMINATION ADVICE

Form No. GLH05 Aug 10, 2010

PLEASE COMPLETE IN BLOCK LETTERS

Policyowner: _____ **Policy ID:** _____

Kindly terminate the following member(s):

Name(s)	Member ID(s)	Termination Date(s) (DD/MM/YYYY)	Termination Reason(s)

(If necessary, please provide additional information on a separate page and attach it to this form)

VERIFICATION by Policyowner

Date (DD/MM/YYYY)	Print Name of Policyowner's Representative	Signature

VERIFICATION by Broker

Date (DD/MM/YYYY)	Print Name of Broker's Representative	Signature	Broker's Stamp

Cayman First Insurance Company Limited | Harbour Place | 3rd Floor | 103 South Church Street
P.O. Box 2171 | Grand Cayman KY1-1105 | CAYMAN ISLANDS | Phone 345 949 7028 | Fax 345 949 7457 | Website www.caymanfirst.com