



UNDERWRITING AGENCIES COUNCIL

Underwriting Agencies Council

AFFILIATE MEMBER APPLICATION

Organisation's name:

.....

Organisation's registered business number:

Address:

.....

Telephone: Fax:

Email:

Name of principal contact person:

Title:

Please describe the service(s) or product(s) your organisation provides to your country's insurance industry:

.....

Please insert your organisation's name here:

.....

applies to become an Affiliate Member of the Underwriting Agencies Council.

Signature of applicant

Signatory's name:

Signatory's title:

Signature: Date:

Witness's name:

Witness's signature: Date:

Electronic communication

Do you consent to receive notices or other UAC documentation by email? Yes / No

If yes, please supply the email address to which notices should be sent:

.....

Thank you for completing the application.

The UAC board of directors will respond as soon as possible.

Please return to **William Legge**, UAC General Manager, PO Box Q272, Queen Victoria Building, NSW 1230 Australia or email to **williamlegge@uac.org.au**