

Underwriting Agencies Council

AFFILIATE MEMBER APPLICATION

Organisation's name:

Organisation's registered business number:

Address:

Telephone:

Fax:

Email:

Name of 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 and agrees to comply with, and conform to, the Underwriting Agencies Council's Constitution, Code of Business Standards & Ethics, and membership criteria, as set out for the time being and from time to time.

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 UAC, PO Box Q272, Queen Victoria Building, NSW 1230 or email to **admin@uac.org.au**