



THE INSURANCE COMMISSION
OF THE BAHAMAS

FORM 12 PART E

**Notice of Termination of Agreement
(To be submitted by the Sub-Agent)**

1. Name of sponsoring Agency:
2. Name of Sub-Agency:
3. Certificate of Registration No.:
4. Indicate period of time your Sub-Agency was under contract with the Agency:
From.....To.....
5. Agreement was terminated:
 Voluntarily (terminated by Sub-Agency) Involuntarily (terminated by Agency)

If involuntarily, state reason(s) for this course of action.

6. State the classes of insurance business undertaken by your Sub-Agency on behalf of the Agency.

7. Have all policyholder premiums collected by your Sub-Agency been handed over to the Agency? If not, being taken to collect the outstanding amount. () Yes () No

8. State any other material facts not covered by the above items.

DECLARATION:

All pertinent and material facts have been given. The above is a true and correct statement of the facts pertaining to the termination of agreement with (Name of Agency).

.....
Signature of Responsible Officer of Sub-Agency Date

.....
Affix Official Company Stamp