

Broker Vitality Registration Form

I have read and fully understood the terms and conditions for Broker Vitality set out in the **Broker Vitality 2010** brochure. I am authorised to register my firm for Broker Vitality and wish to do so.

Your details

Agency Name:

Agency Number (if known):

Telephone Number 1:

Telephone Number 2:

Address of Agency:

Postcode:

Full name of Broker Principal:

Date of Birth:

D	D	M	M	Y	Y	Y	Y
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E-mail Address (required):

Please tick the appropriate boxes opposite:

I confirm I am the Broker Principal of this agency

I would like our agency to participate fully in the Broker Vitality programme

I would like our agency to opt out of the Sales and Retention points earning category

I would like our agency to opt out of receiving any hospitality or registered individual rewards

I would like our agency to opt out of receiving any business rewards

Signature of Broker Principal:

Date:

D	D	M	M	Y	Y	Y	Y
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Please return this form to:

**Freepost Plus RLXG-BHAA-YECH,
PruHealth,
Stirling,
FK9 4UE**

or fax to **0800 015 8900**

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