

CHANGE OF COMPANY NAME/SCHEME NAME

This form allows the Trustees to notify Risk Assurance Management Limited of a change in respect of the name of the Principal Employer and/or the Scheme.

Scheme Name:
Policy Number:
We hereby apply to Risk Assurance Management Limited to make the following amendments in respect of the above named Scheme:
Effective Date of Change:
New Name of the Principal Employer:
Address:
Companies House Registration No:
Where the name of the Principal Employer has changed, please attach a copy of the Certificate of Incorporation. Please tick if attached
New Scheme Name:
Have the Trust Deed and Rules been amended accordingly Yes No
We agree that a copy of this signed document will be legally valid.
Print Name:
Signature:
Position:
Date:

NB: This form must be completed and signed by a Trustee or an individual authorised to sign on behalf of the Trustees. As part of our verification procedure we must be able to authenticate the signature against a specimen signature held on file.

Change of Details Form/01.19(9)

Risk Assurance Management Limited, insurances arranged at Lloyd's

Risk Assurance Management Limited is authorised and regulated by the Financial Conduct Authority

Registered Address:

24 Picton House, Hussar Court, Waterlooville, Hampshire PO7 7SQ Registered in England and Wales No: 1334065

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Coverholder at LLOYD'S