

Form 9X Notice of Termination of Agency

Office of the Superintendent of Insurance Department of Finance, Government of Nunavut 2nd floor Parnaivik Building, 924 Mivvik Street P.O. Box 2260, Iqaluit, Nunavut, XOA 0H0

OSINU-09X-201308

Name of Agent:				
Licence number:	NU - Effective termination date:			
Type of licence:	Life Accident & Sickness General			(dd / mm / yyyy)
Name of sponsoring insurer:				
Was sponsorship terminated with cause?			No	
State the reason for terminating sponsorship:				
Additional comments:				

(Signature)

(Date)

(Print full name)

(Title)

Important

This Notice of Termination must be completed and signed by an officer of the sponsoring insurer who has the authority to appoint and terminate agents on behalf of that company.