



FINANCIAL SERVICES  
COMMISSION

*Insurance Act (Cap. 310)*

*(section 88(1))*

**FORM A9**

**NOTIFICATION OF THE TERMINATION OF SERVICES**

To the FINANCIAL SERVICES COMMISSION

This is to inform you that \*I/WE  
have terminated the \*my service/the services of  
as with effect from  
\*\*and request the cancellation of registration.

Signature.....

Position held .....

\*Delete whichever is not applicable  
\*\*Delete if not applicable