



**A- MEMBERSHIP APPLICATION
B- INCREASE OF UNIT(S) APPLICATION
AND
LETTER OF COMMITMENT**

Name of the Company	
Country	

Having considered the Syndicate Agreement and Articles of Association, we hereby submit our:

A MEMBERSHIP APPLICATION	(New Applicants)
Number of subscribed Unit(s) (Maximum 5 Units)	
Monetary value of subscribed Unit(s) (# of Unit/s X 100,000)	US\$
Membership with effect from	1/1/

B INCREASE OF UNIT(S) APPLICATION	(Existing Members)
Number of existing subscribed Unit(s)	
Number of additional subscribed Unit(s)	
Total number of subscribed Unit(s) (Maximum 5 Units)	
Monetary value of additional subscribed Unit(s)	US\$
Total Monetary value of subscribed Unit(s)	US\$
Increase of subscribed Unit(s) with effect from	1/1/

We confirm that we are subscribing in the Syndicate with the above mentioned number of Unit(s) of Capacity on the basis that the monetary value of each Unit is US\$ 100,000

We further understand, undertake and confirm our agreement to the following:

- 1 Upon the approval of our application and at the request of the Syndicate Managers, we will transfer to the bank account of the Syndicate the total amount of the subscribed Unit/s or any additional Unit/s, to be deposited with the Syndicate against our liability.
- 2 We understand that our liability is the total amount of the subscribed Unit/s for each and every risk written by the Syndicate regardless of the number of risks.
- 3 We understand that the Syndicate operates on joint liability basis, as indicated in "Clause 9" and "Article 25" of the "Syndicate Agreement" and "Articles of Association" respectively
- 4 Taking into consideration Items 2 and 3 above, we confirm that; whenever the need arises and at the request of the Syndicate Managers, we undertake to promptly pay our share of liability, to enable the Syndicate to meet its financial obligations.
- 5 We undertake to reimburse the Syndicate for any additional expenses it may incur for borrowing money for the purpose of meeting any claim(s) or any necessary and reasonable expenses should we fail to timely meet our obligation.

We also confirm that the undersigned is duly authorized to sign this document for and on behalf of the company.

Name:		Company stamp
Position:		
Date:		
Signature:		