



FORM C

PROFESSIONAL ADVISORS

(PLEASE TYPE ON LETTER HEAD)

TO: Director of Insurance
BVI Financial Services Commission
Pasea Estate, Tortola
British Virgin Islands

Name of Insurance Company

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We wish to inform you that this firm/partnership/company/bank has been asked to act as to the above mentioned company and that we have consented so to act.

We hereby undertake to inform the Director of Insurance immediately if any of the following should occur:-

- a) This organization files for bankruptcy or ceases to trade as or gives notice to (Applicant) that it will cease to act as its
- b) (Applicant) gives notice to us that our services are no longer required.
- c) We are dissatisfied in any way with the conduct of (Applicant) or we feel that our professional standing may be compromised as a result of their actions or omissions or it is necessary to qualify any of our reports or filings concerning them in any way.

Signed:.....Date:.....

Full name: _____

Position: _____