**INITIAL**

Date: «Date»

**«Company\_Name»**

Address 1

Address 2

Address 3

Address 4

<Postcode> <City>

Dear Sir/Mdm*,*

Thank you for your assistance in obtaining the **<<PRODUCT>>** .In order for us to underwrite the risk, please take of the following documents:-

Required evidence of insurability as per Authorisation For Insurance Medical Examination Form:-

**Replace Text Here**

Please do not hesitate to contact **<<Person In Charged Name>>** should you need further assistance

**This document does not require signature.**

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