

Application Form for Parental Leave

Name:	Membership No.:
Parental Leave Date:	
Chambers Name and address:	
Home Address for correspondence:	
Personal email address:	
Mobile Number:	

I confirm that I will continue to hold a self-employed/dual capacity practising certificate whilst I am on parental leave and will therefore need to remain insured for the duration of this period.

I shall renew my policy in the forthcoming year and will notify the Managers when I have renewed so that my premium may be adjusted accordingly.

Please return your completed form to "The Managers" at the above address or by email to info@barmutual.co.uk

Signed:

Dated: