

# Underwriting Agencies Council Ltd

## ASSOCIATE MEMBER RENEWAL

Please complete using block letters or type.

Company name (or your name if applying as an individual):

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If a company, the ACN:

ABN:

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Address:

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Telephone:

Fax:

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Email:

DX:

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Name and title of contact person:

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### Electronic communication

Do you consent to receive notices of meeting and other UAC documentation by email? Yes/No  
If yes, please supply the email address to which notices should be sent:

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*Thank you for completing the renewal form.*

Please return to Amanda Dick via fax (02) 9406 5999 or email [amanda@ksg.com.au](mailto:amanda@ksg.com.au).

