



## Quarterly Statement Delivery Options

Branch	Name	Account Number
_____	_____	_____

Kindly **select only one (1)** of the options below and provide details based on your selection.

Email

Email Address: \_\_\_\_\_

  

Work (Available only for Insurance Companies with a branch or Head Office in Kingston)

Name of Company: \_\_\_\_\_

Company Address: \_\_\_\_\_

\_\_\_\_\_

  

Postal Mail

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<b>MEMBER'S DECLARATION:</b>	
<p>Please facilitate delivery of statement as indicated above. I hereby release IECCU from and indemnify IECCU against all claims, losses, damages, costs and expenses howsoever arising in consequence of, or in any way related to IECCU having acted in accordance with the delivery of statements as indicated above.</p>	
<p>_____</p> <p><b>SIGNATURE OF MEMBER</b></p>	<p>_____</p> <p><b>DATE</b></p>