**SME Single Policy Agency Transfer Request Form**

Please email the below form to Glasagency.transfer@uk.rsagroup.com along with the letter of appointment.

Policy Number:

Agency number to transfer to :

Effective Date:

New Broker Name/Address:

 Postcode :

Network/Scheme name if app:

Policy Holders Name/Address:

 Postcode :

The Letter of appointment should include the following:-

* Letter Headed Paper of the insured. If not available Insureds Name and Address.
* Date Letter is written
* Signed and name printed by Person of Authority including Job title.
* Full details of broker being appointed including Name Address and Postcode.
* Letter must be dated within 30 days of our receiving it.