

Twenty- First Schedule  
Regulation 121

### **Notice of Termination of Employment/Contract**

#### **PART A**

To be completed by sales representative /agent

1. Name of sales representative/agent .....  
Registration #.....
2. Name of insurance company, broker or agent whose employment/contractual arrangement has been vacated.....  
Registration #.....  
Period of the employment/contract which is now terminated:  
From \_\_\_\_\_ to \_\_\_\_\_
3. Reason for termination of employment/contract.....  
.....  
.....
4. Classes of insurance for which sales representative/agent has been registered.....  
.....
5. Have all commissions or other forms of remuneration due to sales representative/agent been received from insurance company, broker or agent whose employment/contractual arrangement you have just left?.....  
If not, how much remains unpaid?.....
6. Have all funds or moneys collected by you been fully remitted to and accounted for to the insurance company, broker or agent?.....  
If not, how much remains outstanding? .....

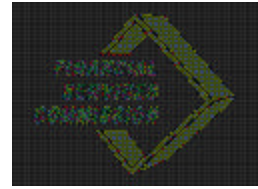
7. State any other material facts not covered by above items. ....  
.....  
.....

The above is a true and correct statement of the facts pertaining to the termination of my  
employment/contractual arrangement with

\_\_\_\_\_  
*Name of Insurance Company, Agent or Broker*

\_\_\_\_\_  
*Signature of Sales Representative/Agent*

\_\_\_\_\_  
*Date*



## Notice of Termination of Employment/Contract

### PART B

To be completed by Insurance company, Broker or Agent

1. Name of insurance company, broker or agent.....  
Registration #.....
  2. Name of insurance sales representative/agent whose employment/contract has just been terminated.....
  2. Registration #.....
  3. State reason for termination of employment/contract of sales representative/agent named at 2 above.  
.....  
.....  
.....  
.....
- Indicate period of time during which sales representative/agent has been employed/contracted with you:  
From \_\_\_\_\_ to \_\_\_\_\_
4. Have all commissions or other remuneration due to sales representative/agent been paid?  
.....  
If not, indicate action being taken to effect settlement. ....
  5. Have all moneys and funds collected by sales representative/agent and due to you been handed over?.....  
If not, indicate action being taken to pay the outstanding amount.....
  6. State classes of insurance business undertaken by insurance company, broker or agent.....

Also state class or classes of insurance which sales representative/agent was selling on your behalf.....

7. Would you re-employ sales representative/agent named at 2 above?.....  
Give reasons for your answer.....

.....  
.....  
.....

8. State any other material facts not covered by above items.....

.....  
.....

The above is a true and correct statement of the facts pertaining to the termination of employment of \_\_\_\_\_ . All pertinent and material  
*Name of Sales Representative/Agent*  
facts have been given.

Director of Insurance Co., \_\_\_\_\_  
Agent or Broker *Print Name* *Signature* *Date*

Secretary of Insurance Co., \_\_\_\_\_  
Agent or Broker *Print Name* *Signature* *Date*