

**Name:** \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

**Dear Bridget,**

**I am a Registered Medical Practitioner, registered with the \_\_\_\_\_ Medical Council.**

**My Registration No. is:** \_\_\_\_\_

**I am insured with the following medical indemnity company:**

\_\_\_\_\_

**My Membership Number is:** \_\_\_\_\_

**My renewal date is:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Signed:**

\_\_\_\_\_