

## Application Form for Parental Leave

Name:

Membership No.:

Parental Leave Date:

Chambers\ Name and address:

Home Address for correspondence:

Personal email address:

Mobile Number:

I confirm that I will continue to hold a self-employed/dual capacity practising certificate whilst I am on parental leave and will therefore need to remain insured for the duration of this period.

I shall renew my policy in the forthcoming year and will notify the Managers when I have renewed so that my premium may be adjusted accordingly.

Please return your completed form to \The Managers\ at the above address or by email to [info@barmutual.co.uk](mailto:info@barmutual.co.uk)

Signed:

Dated: