



NOTICE OF TERMINATION OF SPONSORSHIP

Send to:

Superintendent of Insurance
Government of the Northwest Territories

(Section 212(6))

Courier:

4922 - 48th St., YK3
Yellowknife, NT X1A 1N2

General Post:

P.O. Box 1320, YK3
Yellowknife, NT X1A 2L9

Name of Licensee:

Last

First

Middle

Licence Number: **NT -** -

Effective Termination Date: (M/D/Y)

Type of licence:

Agent ☐

Travel Agent ☐

Salesperson ☐

Name of sponsoring Insurer :

(or Sponsoring Agent for Salesperson's licence)

Was sponsorship terminated with cause?

☐

Yes

☐

No

State the reason for terminating sponsorship:

Additional comments:

Dated

Name (Print)

Title

Signature of an Authorized Representative
of the Sponsoring Insurer
or
Sponsoring Agent for Salespersons Licence