Date:		
Re: Policy in	nformation request.	
ne. Folicy II	mormation request.	
To whom it may	/ concern,	
-	quote4it.ie Ltd t/a Family Cover with informa My / Our details are listed below;	tion on any policies that I / we hold with
First Life		
Name:		
Date of birth:		
Address:		
Second Life		
Name:		
Date of birth:		
Family Cover wi accordingly.	ill be acting as my / our intermediary from no	w on. Please update your records
	t the information above is sufficient to carry of litional information or documentation, please	
Yours faithfully,		
First life signatu	ure Seco	ond life signature