



Address Change

Address Change for (check only one):

Insurance Agency

Insurance Company

Contact Name: _____
FIRST MIDDLE LAST

* **Note** that the contact listed above must be either the Designated Representative of the Insurance Agency **OR** an authorized appointee with the Insurance Company filed with the Insurance Council of Manitoba.

Old Address:

Agency / Company Name: _____

Mailing Address: _____
STREET CITY PROVINCE POSTAL CODE

Business Telephone: _____ Toll Free: _____

Cell Phone / Pager : _____ Fax: _____

E-mail Address: _____ Web-site: _____

New Address:

Mailing Address: _____
STREET CITY PROVINCE POSTAL CODE

Telephone Numbers: Business: _____ Toll Free: _____

Cell Phone / Pager : _____ Fax: _____

E-mail Address: _____ Web-site: _____

List the licensed agents that are licensed in Manitoba which are affected by this address change:

