

I undertake not to revoke this instruction **without** the written consent of the M.C.S. Mutual Aid Association Ltd.

	GUARANTOR 1	GUARANTOR 2
Name		
Signature		
Date		

	GUARANTOR 3	GUARANTOR 4
Name		
Signature		
Date		

OFFICE USE			
Received by	Name	Signature	Date
Letter sent to Accountant General /SICOM Ltd *	Name	Signature	Date

* To delete where not applicable.