



Statement of Demands & Needs **faxback request form**

Company Name:

Intermediary Reference:

Contact Telephone Number:

Details of the **level of service** you provide

Please tick the correct option:

Advised

Non Advised

Details of the **number of providers** you use for **household insurance**

Please tick the correct option:

A limited number of providers

A fair analysis of the market

If you use 3XD exclusively for household, select a limited number of providers

Details of the **number of providers** you use for **payment protection**

Please tick the correct option:

A single provider

A limited number of providers

A fair analysis of the market

If you use 3XD exclusively for payment protection, select a single provider

When completed, **fax to 0845 838 8826**

You will receive prepared statements of demands and needs for all future business



This document is intended for use by 3XD registered intermediaries and should not be issued to the general public

3XD is authorised and regulated by the Financial Services Authority

For training and security purposes, telephone calls may be recorded

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