

SAVE IRISH PUBS

Please fill your details in the corresponding fields below.

- (1) *The insured or on behalf of the insured***
- (2) *Broker / Insurance Company***
- (3) *Address of Broker / Insurance Company***
- (4) *Insurance Policy Number***

I **(1)** _____

hereby consent and authorise McCann Fitzgerald Solicitors of
Riverside One, Sir John Rogerson Quay, Dublin 2 to take up a copy
of my policy from

(2) _____ of

(3) _____

Policy Number: **(4)** _____