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EMPLOYEE No.	EMPLOYEE NAME	PROCESS DATE	NATIONAL INSURANCE No.
235414	Mr Mike Moore	17-Apr-2018	SC 56 78 76 C
PAYMENTS		DEDUCTIONS	
LEAFS	RATE	AMOUNT	AMOUNT
Basic Pay	40.00	50.00	£2,000.00
<b>Total Payments</b>			<b>£2,000.00</b>
		Income Tax	£16.40
		National Insurance	£39.36
		<b>Total Deductions</b>	<b>£55.76</b>
THIS PERIOD		YEAR TO DATE	
Mr Mike Moore 7 Saxon Road London E1W 2XY	Total Payments	£2,000.00	Taxable Gross Pay
	Total Deductions	£55.76	Income Tax
			Employee NIC
			Employer NIC
<b>LONDON BIKE, LLC</b>			<b>NET PAY</b>
Tax Code: 1105L NI table: A Dept: Default Tax Period: Apr-2018 Payment Method: BACS			<b>£944.24</b>

**Rothbury  
Letter of Appointment**

I/we hereby appoint Rothbury Insurance Brokers as our general insurance brokers with immediate effect. This appointment shall continue until such time it is terminated, in writing, by either party. This authority replaces and revokes any previous authorities given, or implied, to any agent, or broker, previously handling our insurance.

I/we acknowledge that the insurers with whom Rothbury Insurance Brokers place our insurance may provide consideration to them for doing so and a service margin may also be charged (as detailed in the Rothbury Client Services Guide).

Rothbury Insurance Brokers have explained to me/us the range of services to be undertaken by them as my/our insurance brokers. Further, Rothbury Insurance Brokers has explained to me/us the duty of disclosure to insurers, and I/we understand my/our obligations, as follows:

**Duty of disclosure**  
For an insurer to make an informed assessment of the risk it faces under a contract of insurance, and calculate the premium it should charge, all relevant matters must be disclosed in good faith. This requires me/us to disclose every matter that I/we know or could reasonably be expected to know, which may influence the insurers decision whether to accept a risk of insurance and, if so on what terms and at what premium. I/we understand that the same duty of disclosure applies before any renewal, extension, variation or reinstatement of a contract of general insurance.

**Non disclosure**  
I/we understand that failure to comply with the duty of disclosure, may result in the insurer being entitled to avoid liability or reduce liability under the contract in respect of any claim, or may result in termination of the contract.

NAME \_\_\_\_\_

COMPANY \_\_\_\_\_

SIGNED \_\_\_\_\_ DATE / / SIGNED \_\_\_\_\_ DATE / /

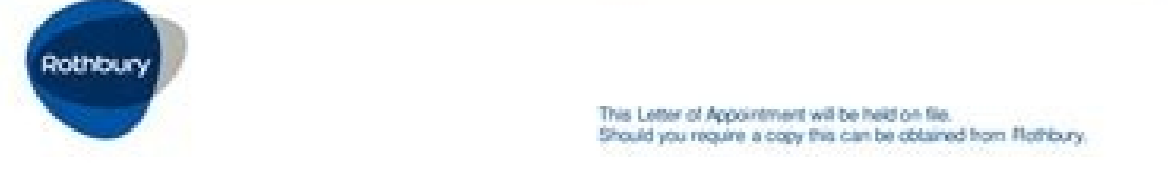
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**Client Services Guide**  
I have received the Rothbury Client Services Guide.

SIGNED \_\_\_\_\_ DATE / /





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