



REVOCACTION OF BROKER FORM

The Insured (as identified below), hereby notifies Export Development Canada (“EDC”) that it has revoked the authority for the Broker (as identified below) to act as broker on behalf of the Insured in connection with any insurance business between the Insured and EDC.

In addition, any consent previously communicated by the Insured to EDC permitting EDC to share the Insured’s information with the Broker is revoked, whether such consent was in the form of an Application for Portfolio Credit Insurance, a Consent to Share Information Form or a Portfolio Credit Insurance Offer letter which is also addressed to the Broker. The revocations in this form will become effective once EDC has received a duly completed copy of this form from the Insured.

Broker Name: _____

Insured Name: _____

Policy Number: _____

Authorized Signature of Insured: _____

Date: _____