

# SPECIMEN

**Payment Protection Insurance** Agreement Number:  
The Payment Protection Insurance Cover you have selected is None

Monthly cost of the selected insurance is \_\_\_\_\_ incl. Insurance Premium Tax.  
Interest charged

I acknowledge that you Northridge Finance Limited will collect the monthly premium from me as agent together with and at the same time as the payments due under the Fixed Sum Loan Agreement and detailed in "Key Financial Information".

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Username: GRO

I understand the options available to me and I have chosen to **proceed with an unprotected payment** as indicated above.

Please Print Name \_\_\_\_\_

**Customer**

Signed \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_