

# Intermediary Application Form

**Please use BLOCK capitals**

## 1. Business Details:

Name of Applicant: .....

Trading Name if different: .....

Business Address: .....

Contact name: .....

Telephone number: .....

Fax number: .....

E-mail Address: .....

Website: .....

## 2. Type of Firm:

Limited Company:

Sole Trader:

Partnership:

If Limited Company, please provide your Registered Number: .....

## 3. Details of Directors, Partners or Principals:

| Name  | Address | Length of Experience |
|-------|---------|----------------------|
| ..... | .....   | .....                |
| ..... | .....   | .....                |
| ..... | .....   | .....                |
| ..... | .....   | .....                |
| ..... | .....   | .....                |

4. Enter your Company's VAT registration number (if applicable): .....

**5. Has any Agency ever been refused for your Company by an Insurance, Assurance, Finance, Mortgage Company or Society:**

Yes

No

If 'Yes' please give details:.....  
.....

**6. Have any individuals named in Section 3 been involved or are you aware of any current or pending action in respect of:**

Petition for bankruptcy or winding-up?

Yes

No

Any litigation in relation to investment business?

Yes

No

Failure to satisfy a judgement?

Yes

No

Appointment of a receiver / administrator?

Yes

No

Refusal of membership of any regulatory body?

Yes

No

Please give full details of reasons for answering 'Yes' to any of the above questions on a separate sheet.

An automatic credit check made will be made. Please complete this section to avoid delays in completing this process.

**7. Please provide the following information:**

|                                    | GISC   | FSA  | MCCB   | Other Regulator  |
|------------------------------------|--|--|--|--|
| We confirm we are registered with: | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |

|                    |       |       |       |       |
|--------------------|-------|-------|-------|-------|
| Registered Number: | ..... | ..... | ..... | ..... |
|--------------------|-------|-------|-------|-------|

|                  |       |       |       |       |
|------------------|-------|-------|-------|-------|
| Name of Network: | ..... | ..... | ..... | ..... |
|------------------|-------|-------|-------|-------|

|  |  |  |  |  |
|--|--|--|--|--|
| Have you had a Regulatory Review of your business: | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
|--|--|--|--|--|

|                                      |       |       |       |       |
|--------------------------------------|-------|-------|-------|-------|
| Name of Regulator conducting Review: | ..... | ..... | ..... | ..... |
|--------------------------------------|-------|-------|-------|-------|

|       |       |       |       |       |
|-------|-------|-------|-------|-------|
| Date: | ..... | ..... | ..... | ..... |
|-------|-------|-------|-------|-------|

|                       |  |  |  |  |
|-----------------------|--|--|--|--|
| Copy Review attached: | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
|-----------------------|--|--|--|--|

|   |  |
|---|--|
| We enclosed a copy of our Professional Indemnity Cover: | Yes <input type="checkbox"/> No <input type="checkbox"/> |
|---|--|

|              |       |
|--------------|-------|
| Expiry Date: | ..... |
|--------------|-------|

**8. Please provide details of 3 Insurers or Product Providers with whom you have transacted business in the last 6 months and from whom references can be taken:**

Name of Insurer or Product Provider: ..... Agency No: .....

Name of Insurer or Product Provider: ..... Agency No: .....

Name of Insurer or Product Provider: ..... Agency No: .....

**9. We are registered under the Data Protection Act 1998 and the registration covers our activities:**

Yes  No

**10. We have a current Consumer Credit Act Licence in place which covers our activities:**

Yes  No  If 'Yes', please attached copy of CCA Licence

**11. Declaration**

To be signed by all the Directors, Partners or the Principal.

I / We acknowledge receipt of the Terms of Business and confirm that in the event that our application is accepted all business (as in the Terms of Business) will be subject to those terms.

Signature: ..... Date: .....

Signature: ..... Date: .....

Signature: ..... Date: .....

Signature: ..... Date: .....

Signature: ..... Date: .....

NOTE: For a Limited Company with more than one Director or a Partnership, we will accept the signature of only one Director or Partner on the understanding that they have the authority to sign for and on behalf of all of the Directors, or Partners of the Company or Partnership.

## Bank Details

Adviser Name: .....

Adviser No (if applicable): .....

Bank Account Name: .....

Bank Name: .....

Account No: .....

Sort Code: .....

Signed: .....

Date: .....

**Preferred Payment method:**      BACS       or      CHAPS

Commission is paid on the basis that applications are received in HO on Monday.

- BACS Payments are made on Tuesdays of the following week (free of charge)
- CHAPS Payments are made on Fridays of the same week (a charge of £5.00 will be incurred per week for this transaction, which will appear on your commission statement)

**Please return this Application Form in the prepaid envelope provided or to  
Insurety Head Office at:  
Insurety, 15 Apex Court, Almondsbury, Bristol, BS32 4JT, UK.**