



Intermediary Questionnaire



Once completed, please return this form to: Compliance Department.

APPLICANT

Name / Company

Type of company

Registered Address

Company Registration No.

FCA Firm Reference Number
(if applicable)

Trading Name (if different)

Trading address (if different)

Previous Name (if applicable)

Telephone Number

Email Address

Website

Year Established

Type of Company (ownership)

MEMBERSHIP OF PROFESSIONAL OR REGULATORY BODIES

Please provide details of any current registration or membership that you have of any regulator, recognised professional, trade and / or self-regulatory bodies. Please include a copy of any registration documents / certificates with your application:

Organisation

Registration Number

Dates of Registration

Are you authorised to hold client monies?

Yes

No

If yes, do you maintain a separate bank account for clients' fund?

Yes

No

If yes, is this account held in trust for clients?

Yes

No



Do you have the following policies and procedures in place for the following?

- a. Anti-Money Laundering Yes No
- b. Customer Complaints Yes No
- c. Anti-Bribery & Corruption Yes No

Have you ever had any registration or membership of a regulator, recognised professional, trade or self-regulatory body terminated? Yes No

If yes, please provide details:

INDEMNITY AND FIDELITY

Do you hold Professional Indemnity / Errors and Omissions Insurance? Yes No

What is the sum Insured?

Who is the Insurer?

When does it renew?

Do you hold Fidelity / Dishonesty Insurance? Yes No

What is the sum Insured?

Who is the Insurer?

When does it renew?

PARENT/SUBSIDIARIES

Please provide full details of any parent or subsidiary companies (to include company registration number and registered address)

PRINCIPALS/PARTNERS

Please provide details of partners, directors, or other senior personnel responsible for introducing insurance business.

First named person should be the person with overall responsibility for the firms' activities in respect of insurance introductions:

Full Name	Date of Birth	Position in Firm	Length of Service



BANK DETAILS

Please give details of the Bank Account (for principal currency) into which commissions should be paid

Bank Name	
Bank Address	
Account Name	
Account Number	
UK Sort Code	
IBAN.	
SWIFT	
BIC Code	

ADDITIONAL INFORMATION

Have you, or any of the directors / controllers of the firm ever: (please tick)

Become subject to an adverse finding, whether past or pending, by a regulatory, trade, professional, public, industry or consumer body, or by any tax or government authority?	Yes	No
Been subject of any bankruptcy or insolvency proceedings?	Yes	No
Had refused, suspended, or withdrawn, or made subject to a non-standard conditions or restrictions any licence, permission, or authorisation to do any type of business?	Yes	No
Been a defendant in any civil proceedings, or party to any arbitration in relation to any financial business or subject of any criminal proceedings?	Yes	No
Ceased trading in circumstances in which one or more of you/ their creditors did not receive full payment?	Yes	No
Been disqualified from acting as a director of a company, or from acting on the management or conduct of affairs of any company, partnership, or unincorporated association?	Yes	No
Been convicted of any criminal offence, other than motoring?	Yes	No
Been charged with any offence involving violence, fraud, or dishonesty?	Yes	No
Had an application to represent an insurance Company / provider refused or a previous agency cancelled?	Yes	No



If answer to any of the above is yes, please provide full details using the space or at the end of the form for "Additional Information":

REFERENCES

Please give details of people to whom we may apply for references in support of your application:

Business Reference

Banking Reference

Personal Reference
(If applicant is a company, give second Business Reference)

ADDITIONAL INFORMATION

Please use this space to provide any additional information in respect of any of the preceding sections:

Please attach:

- a) Your latest Annual Financial Statements / Report & Accounts
- b) Evidence of your Professional Indemnity Insurance
- c) A copy of your W-8BEN-E or W8-IMY form, where available



We declare that the statements made, and particulars given in the claim form are true and I / We have not mis-stated or suppressed any material fact.

Date

Signature of insured

Name of insured

Additional information

