

# INTERMEDIARY APPLICATION FORM



## Application Form

### BUSINESS DETAILS

Name of applicant:	Trading name if different:
Business address:	
Postcode/Eircode:	
Contact name	Tel:
Email:	Website:
FCA (UK only) or Central Bank (Ireland only) Registration No:	<input type="checkbox"/> Please enclose a copy of your Professional Indemnity Insurance Certificate. We cannot process your application without this document

### TYPE OF BUSINESS

<input type="checkbox"/> Limited company <input type="checkbox"/> Sole trader <input type="checkbox"/> Partnership	If a Limited Company, please provide your Registered Number:
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### DETAILS OF DIRECTORS, PARTNERS OR PRINCIPLES

Name of applicant:	Address:	Length of experience:
Name of applicant:	Address:	Length of experience:
Name of applicant:	Address:	Length of experience:
Name of applicant:	Address:	Length of experience:
Name of applicant:	Address:	Length of experience:

### HOW DO YOU CONDUCT YOUR BUSINESS?

<input type="checkbox"/> Call centre <input type="checkbox"/> Face to face <input type="checkbox"/> Web <input type="checkbox"/> Other (please detail):
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## DECLARATION

- a. Have you or any individuals named in Section 3 ever had an Agency terminated or had an application to enter into an Agency agreement refused or declined?  Yes  No
- b. Are you or any individuals named in Section 3 aware of any circumstances which may result in disciplinary proceedings instituted by any professional body?  Yes  No
- c. Have you or any individuals named in Section 3 ever been involved in liquidation, receivership or bankruptcy, received a County Court Judgement, an administrative order or entered into an agreement with creditors, or is such a matter pending?  Yes  No
- d. Have you or any individuals named in Section 3 ever been convicted or charged with (but not yet tried for) a criminal offence, other than a motoring offence, involving a non custodial sentence?  Yes  No
- e. Have you or any individuals named in Section 3 ever made any PI Insurance Claims?  Yes  No

If you have answered Yes to any of the above, please provide further details:

## DECLARATION

To be signed by all the Directors, Partners or the Principal. I / We acknowledge receipt of the 'Agreement for an Independent Intermediary' and confirm that in the event that our application is accepted all business (as in the Agreement for an Independent Intermediary) will be subject to those terms.

Signature:	Date:	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 ACCOUNT TO PAY COMMISSION

Are you part of a Network?  Yes  No

Please confirm the name of your network:

If YES, you will not have to complete this section because we will pay commission directly to the master network and will contact them for their bank details. If NO, please provide the information below:

Name of intermediary:	Bank account name:	Bank Name:
Account No (UK only):	Sort Code (UK only):	
IBAN No (Ireland only):	BIC (Ireland only):	
Signed:	Date:	

## APPLICATION CHECKLIST

This is a checklist of information and documentation which must accompany your application.

- Professional Indemnity Insurance Certificate
- Completed Terms of Business Agreement

Who would you like us to email commission statements to?

Who would you like us to email business receipts, premium defaults and cancellation notifications to?

Please return this application form to APRIL UK Head Office at: April House, Almondsbury Business Centre, Bradley Stoke, Bristol, BS32 4QH

april | UK

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Tel: 01454 619500 | www.april-uk.com

april | Ireland

Suite 211, 3013 Lake Drive, Citywest Business Campus, Dublin 24  
Tel: 074 9161868 | www.april-ireland.com