

IMD LIMITED
AGENCY APPLICATION – DIRECTLY AUTHORISED

1. Full name of the Agent	Company Name: Or Partnership Name: Or First Name Middle Name(s) Surname
Legal status of the Agent	
2. Legal status of the Firm: <i>(Please tick one of the following)</i>	(a) Sole trader <input type="checkbox"/> (b) Partnership (other than a limited liability partnership or limited partnership) <input type="checkbox"/> (c) Limited liability partnership (LLP) <input type="checkbox"/> (d) Limited partnership <input type="checkbox"/> (e) Private limited company (LTD) <input type="checkbox"/> (f) Public limited company (PLC) <input type="checkbox"/> (g) Unincorporated association <input type="checkbox"/> (h) EEA branch <input type="checkbox"/> (i) Non-EEA branch <input type="checkbox"/> (j) Other <input type="checkbox"/>
3. Companies House Registration number: <i>(Where applicable)</i>	
4. Is the Agent formed or incorporated in the United Kingdom?	Yes <input type="checkbox"/> No <input type="checkbox"/>
5. <u>Sole traders only</u> Are you resident in the UK?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Head office details	
6. Address of head office	
7. Telephone number of head office (inc. STD code)	
8. Fax number of principal place of business (inc. STD code)	
Registered office details	
9. Address of Registered office <i>(if different from head office above)</i>	

Principal place of business details																																	
10. Address of the principal place of business, ie, where the day-to-day business is transacted (if different from the head office address)																																	
11. Telephone number of principal place of business including STD code (if different from head office)																																	
12. Fax number of principal place of business (inc. STD code) (if different from head office)																																	
Other business details																																	
13. If the Agent has a website, what is its address?																																	
14. Details of any additional trading names the Agent uses																																	
15. Confirm the Agent's accounting reference date (i.e. the date to which annual accounts are prepared)																																	
Information on the type and size of the business																																	
16. Full description of business activities																																	
17. What is the Agent's main activity?	Financial Services (i.e. insurance intermediary/ mortgage broker/financial adviser) <input type="checkbox"/> Other (give details) <input type="checkbox"/>																																
18. When did the Agent commence trading?																																	
History of the Agent																																	
19. Is the Agent currently authorised by the FSA? If yes, what is your authorisation number? What classes of business are you currently authorised for? What classes of business have you applied for authorisation for?	Yes <input type="checkbox"/> No <input type="checkbox"/> Number: <table border="0"> <tr> <td>Yes</td> <td></td> <td>No</td> <td></td> </tr> <tr> <td>General Ins</td> <td><input type="checkbox"/></td> <td>General Ins</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Mortgages</td> <td><input type="checkbox"/></td> <td>Mortgages</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Investments</td> <td><input type="checkbox"/></td> <td>Investments</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Yes</td> <td></td> <td>No</td> <td></td> </tr> <tr> <td>General Ins</td> <td><input type="checkbox"/></td> <td>General Ins</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Mortgages</td> <td><input type="checkbox"/></td> <td>Mortgages</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Investments</td> <td><input type="checkbox"/></td> <td>Investments</td> <td><input type="checkbox"/></td> </tr> </table>	Yes		No		General Ins	<input type="checkbox"/>	General Ins	<input type="checkbox"/>	Mortgages	<input type="checkbox"/>	Mortgages	<input type="checkbox"/>	Investments	<input type="checkbox"/>	Investments	<input type="checkbox"/>	Yes		No		General Ins	<input type="checkbox"/>	General Ins	<input type="checkbox"/>	Mortgages	<input type="checkbox"/>	Mortgages	<input type="checkbox"/>	Investments	<input type="checkbox"/>	Investments	<input type="checkbox"/>
Yes		No																															
General Ins	<input type="checkbox"/>	General Ins	<input type="checkbox"/>																														
Mortgages	<input type="checkbox"/>	Mortgages	<input type="checkbox"/>																														
Investments	<input type="checkbox"/>	Investments	<input type="checkbox"/>																														
Yes		No																															
General Ins	<input type="checkbox"/>	General Ins	<input type="checkbox"/>																														
Mortgages	<input type="checkbox"/>	Mortgages	<input type="checkbox"/>																														
Investments	<input type="checkbox"/>	Investments	<input type="checkbox"/>																														
20. Please supply a copy of your Consumer Credit Licence	Attached <input type="checkbox"/>																																

21. Please indicate the basis of the arrangement with IMD	<input type="checkbox"/> Agent to deal with the customer & accept responsibility for compliance (enhanced commission) <input type="checkbox"/> Agent to purely introduce client to imd, who will deal with the client under the imd brand and accept responsibility for compliance (standard commission)
21. If the Agent is not directly authorised by the FSA, does it wish to become an Appointed Representative of IMD?	Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes, please complete the additional Appointed Representative Application Form)

Bank Details (For Commission Payments)

Name of account holder	
Account number	
Sort code	
Name of bank	

DECLARATION

This declaration must be signed by the applicant Agent, as appropriate by:

- In the case of a sole trader – By the sole trader.
- In the case of a company – By two directors.
- In the case of a company with one director – By that director.
- In the case of a partnership – By two partners.
- In the case of a limited partnership – By the general partner(s).
- In any another case – By the appropriate person(s).

I/We confirm that the information in this application is accurate and complete to the best of my/our knowledge and belief and that I/we have taken all reasonable steps to ensure that this is the case.

I / We confirm that IMD Ltd have permission to carry out a credit check - either on the individual if the applicant is a sole trader , on each partner in the case of a partnership or on the company in the case of a limited company.

IMD Ltd will use and hold the information provided in this form for the purposes of your application to become an agent and in connection with any subsequent contract that exists between us. Information may be disclosed to credit reference agencies in order to carry out a credit check and to the Financial Services Authority.

If you do not consent to your information being used and disclosed in this way, please tick this box.

Name:	Name:
Signature:	Signature:
Title:	Title:
Date:	Date:

QUESTION NO	SUPPLEMENTARY INFORMATION

Please photocopy this page if any further space is required