

IMD LIMITED

INTRODUCER APPOINTED REPRESENTATIVE APPLICATION

1. Full name of the Agent	Company 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) Other <input type="checkbox"/>								
3. Is the Agent formed or incorporated in the United Kingdom?	Yes <input type="checkbox"/> No <input type="checkbox"/>								
4. <u>Sole traders only</u> Are you resident in the UK?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>								
5. If a sole trader or partner, please supply a copy of your passport or other form of photographic proof of identity, such as a photographic driving licence	Attached <input type="checkbox"/>								
6. For partnerships and companies only, please list all partners / directors									
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; padding: 5px;">Full Name</th> <th style="width: 50%; padding: 5px;">Position</th> </tr> </thead> <tbody> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> </tbody> </table>		Full Name	Position						
Full Name	Position								
7. Does anyone else other than those detailed above have any ownership, shareholding, voting power or other significant influence in your business?	Yes <input type="checkbox"/> No <input type="checkbox"/>								
Principal place of business details									
8. Address of principal place of business									
9. Telephone number of principal place of business (inc. STD code)									

10. Fax number of principal place of business (inc. STD code)	
Registered office details	
11. Address of Registered office (if different from head office above)	
Other business details	
12. If the Agent has a website, what is its address?	
13. Details of any additional trading names the Agent uses	
Information on the type and size of the business	
14. 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"/>
15. When did the Agent commence trading?	
16. Is the applicant currently or applying to be an AR of any other principals for general insurance, mortgage or investment business?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide the following details for all principals. If you need extra space, please use the supplementary information page at the end of this form. Name of principal: Activities for which you are (or are applying to be) an AR: (Please delete those not applicable) General Insurance / Mortgages / Investments
17. Which products do you wish this agreement to include?	Term / ASU / Buildings and Contents / Travel / Commercial
Financial Position	
Is the AR up to date in its dealings with the Inland Revenue, HM Customs and Excise (if applicable) and business creditors?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Fitness and Propriety Disclosure	
<p>If your business is a partnership or company, please answer the following questions for all partners / directors.</p> <p>The AR and its partners/directors must provide details of any significant events that have occurred in the past that may be relevant to our assessment of the fit and proper status of the AR and its partners/directors. If the AR is unsure as to whether an event needs to be disclosed, we advise that it discloses it and we can then consider its importance.</p>	
18. Has the AR ever been publicly censured, disciplined, suspended or expelled by the FSA, another regulator, a clearing house, an exchange, a professional body, or a government body or agency?	Yes <input type="checkbox"/> No <input type="checkbox"/>

19. Is the AR currently the subject of disciplinary proceedings by a body referred to above or aware that such proceedings are pending?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
20. Has the AR ever been the subject of a formal investigation under the powers in the Companies Act 1985?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
21. Is the AR a defendant in any current civil proceedings connected with professional activities in which an allegation of fraud or dishonesty is being made, the subject of any current criminal proceedings, or has the AR been convicted of any criminal offence, either in the United Kingdom or overseas?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
22. Has the AR been wound up or had a petition presented, or had a meeting called to consider a resolution, for winding it up?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
23. If the AR is a company, has it been the subject of an application to dissolve it or to strike it off the Register of Companies?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
24. Has the AR made, or proposed to make, a composition or voluntary arrangement with any one or more of its creditors?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
25. Has the AR had an administrator or trustee in bankruptcy appointed to it or had an application made for such an appointment?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
26. Has the AR had a receiver appointed to it (whether an administrative receiver or a receiver appointed over particular property)?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
27. Has the AR had an application for an interim order made against it under section 252 of the Insolvency Act 1986 (or, in Northern Ireland, section 227 of the Insolvency (Northern Ireland) Order 1989)?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
28. If the AR is a sole trader, have you been the subject of an application for a sequestration order or a petition for bankruptcy?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
29. Has the AR ceased trading in circumstances in which any of its creditors did not receive full payment?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
30. Has the AR had anything equivalent to questions 18 to 29 occur under relevant overseas law?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
31. Are there any other significant events regarding the AR (or any of its partners or directors) or any companies in the AR's group that might adversely affect this application?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		

Failure to disclose relevant information at this stage could have serious consequences. If you have answered "yes" to any of the questions in this section, please provide further information on a separate sheet and enter the question number to which the information relates.

Where applicable, please include:

- *The date(s) of the event;*
- *The amounts involved;*
- *The outcome; and*
- *Any mitigating circumstances.*

If you are attaching any evidence or information in addition to this application please ensure you specify the nature of the document.

<p>32. For sole traders and partnerships only, please provide the following information in respect of the sole trader or each partner</p> <p><i>Please use additional information sheets for further individuals</i></p>	<p>Title:</p> <p>Surname:</p> <p>Forenames:</p> <p>Previous names, date & reason for change:</p> <p>Private address:</p> <p>Time resident at this address:</p> <p>If less than 36 months, please provide addresses for previous 36 months:</p> <p>Date of birth:</p> <p>Place of birth:</p> <p>Nationality:</p>
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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 a director.
- In the case of a partnership – By a partner

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 give IMD Ltd permission to contact the other Principals for whom I am / we are an Appointed Representative

I / We confirm that IMD Ltd have permission to carry out credit checks - 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. The credit check will be carried out in order to assess your application and on a repeat basis, usually annually.

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 credit checks 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:
Date:	Date: