

## **Membership Application Form**

Full trading title						
Full address						
Telephone number						
Fax number						
Email address						
Website address						
Contact name						
Contact position						
General Information						
Trading style			Sole Trader / Partnership / Limited Company / PLC (delete as applicable)			
Company registration nu						
Date business was estal						
FCA Firm Reference Nu	mber					
Bank details			Account number			
			Sort Code			
Directors Information   Name Age Qualifications Date joined Shareholding						
Name	7.tgc Qualifications				<u>Business</u>	Shareholding
Has any Director, Partner, Proprietor or Controller of the applicant:						
Had an insurance Agency refused or cancelled						Yes / No
Been subject to disciplinary procedures instituted by a Professional body						Yes / No
Been convicted of any criminal offence other than a motoring offence						Yes / No
Been subject to a County Court Judgement						Yes / No
Been adjudged bankrupt, subject to a receiving order, entered into arrangements with creditors or been involved in any business, which has gone into liquidation						Yes / No
If you answer 'Yes' to ar	ny of the	above, please į	provide deta	ails on a separate shee	et.	
Signed:				Date:		
<b>3</b>						
Capacity:				Print Name:		

Cobra Network Limited is an Appointed Representative, FCA Firm Reference Number 926465, of Q Underwriting Services Limited which is authorised and regulated by the Financial Conduct Authority, Firm Reference Number 657367. Q Underwriting Services Limited is registered in England and Wales. Company Registration Number 08946569. Cobra Network Ltd is registered in England & Wales. Company Registration Number 04628555. Q Underwriting Services Limited and Cobra Network Ltd's Registered Office is Rossington's Business Park, West Carr Road, Retford, Nottinghamshire, DN22 7SW