

Membership Application Form

Full registered title	
Full trading title & any other trading names	
Full address	
Telephone number	
Email address	
Website address	
Main contact name	
Contact position	

General Information

Trading style – (Sole Trader / Partnership / Limited Company / PLC)	
Company registration number	
Date business was established	
When is your financial year end?	
FCA Firm Reference Number	
Total GWP	
Business Bank details	Name of bank _____ Account number _____ Sort Code _____
Do you have permission to hold Client Money?	Yes or No _____
Have you had a client money audit in the last 24 months? If so, please provide a copy of the auditor's letter and any associated recommendations.	
What software house do you use?	
What version of software house do you use?	
Member Data Capture As part of agreeing to join Cobra Network you agree to share anonymised data surrounding your book of business, as per your Membership Agreement section 4.2.1. Please indicate the collection method, as agreed with your Strategic Account Manager.	1. Broker Insights Monthly Uploads (providing you with access to the Vision Platform, via your own exclusive log in). YES/NO 2. Book of Business report provided manually by you, on request by Cobra Network. YES/NO
Who do you use for your compliance services?	In-house provider / Third party provider – please provide name
If you use an external compliance consultancy, please provide a copy of the most recent report and recommendations.	

Who do you use for your HR services?	In-house provider / Third party provider – please provide name
Who is your premium finance provider?	
Are you a member of BIBA?	Yes or No _____
What training platform do you use?	Athena /Broker Access/ Aviva Dev Zone /Other (please provide name)
How many employees are there within your company?	

Directors Information

<u>Name</u>	<u>Age</u>	<u>Qualifications</u>	<u>Date joined Business</u>	<u>Shareholding</u>

Please list the employees within the company to include name, job title and email address:

Name	Job title	Email address

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 any of the above, please provide details on a separate sheet.	

Signed:	Date:
Capacity:	Print Name: