

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 <i>(delete as applicable)</i>
Company registration number	
Date business was established	
FCA Firm Reference Number	
Bank details	Account number _____ Sort Code _____

Directors Information

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

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: