

## 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 <i>(delete as applicable)</i>
Company registration number	
Date business was established	
FCA Firm Reference Number	
Total GWP	
Business Bank details	Name of bank _____ Account number _____ Sort Code _____
What software house do you use?	
Who do you use for your compliance services?	In-house provider / Third party provider – please provide name
Who do you use for your HR services?	In-house provider / Third party provider – please provide name
Who is your premium finance provider?	
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: