

Sub-Broker Application for Agency Form

Firm Details:

Full Name:	
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Trading Names: <i>(if different from above)</i>	
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Address:	
Postcode:	

Telephone:	
Email:	
Website:	
Date Established:	
Company Registration Number:	

Do you have FCA Credit Broking / Debt Administration permission?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Are you a member of a Network?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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If the answer to any of the above questions is 'Yes', please provide full details:

Are you a member of a BIBA?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Has any Insurer or Broker withdrawn or refused you an Agency?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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If the answer to any of the above questions is 'Yes', please provide full details:

Regulation:	
Is your firm currently directly authorised by the Financial Conduct Authority (FCA)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
What is your FCA Reference Number:	
Do you have permission to hold client money?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Data Protection:	
What is your Data Protection Registration Number:	
What is the Expiry Date	
Has any Director, Partner or Executive ever been:	
Declared Bankrupt	Yes <input type="checkbox"/> No <input type="checkbox"/>
A Director of any company, which went into liquidation or ceased to trade	Yes <input type="checkbox"/> No <input type="checkbox"/>
Convicted of any serious criminal offences linked to crimes against property or other crimes related to financial activities (other than spent convictions under the Rehabilitation of Offenders Act 1974 or any other national equivalent)	Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>If the answer to any of the above questions is 'Yes', please provide full details:</i>	

Professional Indemnity Insurance	
Renewal Date:	
Limit of Indemnity:	
Insurer:	
Policy Excess:	

