

## **Sub-Broker Application for Agency Form**

Firm Details:				
Full Name:				
Trading Names:  (if different from above)				
Address:				
Postcode:				
Telephone:				
Email:				
Website:				
Date Established:				
Company Registration Number:				
Do you have FCA Credit Broking / Debt Administration permission?		Yes 🗌	No 🗌	
Are you a member of a Network?		Yes 🗌	No 🗌	
If the answer to any of the above questions is 'Yes', please provide full details:				
Are you a member of a BIBA?		Yes 🗌	No 🗌	
Has any Insurer or Broker withdrawn or refused you an Agency?		Yes 🗌	No 🗌	
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)?		No 🗌		
What is your FCA Reference Number:				
Do you have permission to hold client money?	Yes 🗌	No 🗌		
Data Protection:				
What is your Data Protection Registration Number:				
What is the Expiry Date				
Has any Director, Partner or Executive ever been:				
Declared Bankrupt		No 🗌		
A Director of any company, which went into liquidation or ceased to trade		No 🗌		
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 🗌	No 🗌		
If the answer to any of the above questions is 'Yes', please provide full details:				
Professional Indemnity Insurance				
Renewal Date:				
Limit of Indemnity:				
Insurer:				
Policy Excess:				

Please provide any information that you feel may be relevant and useful in your					
application:					
Data Bastastia					
The Data Protection Act required that we explain how your personal information will be used. The information provided in this Application Form will be used By Darwin Clayton (UK) Limited to assess your suitability for a subbroker agency with us. This could include seeking references and using various websites to verify your responses to the information provided. We may share the information with others such as the Financial Conduct Authority or Insurers.					
Appointment is conditional upon you signing our Sub Broker Terms of Business Agreement.					
Declaration					
I/ We confirm that the information provided in the application is to the best of my/our knowledge correct, true and complete.					
Name: (Please Print)					
Signature:					
Position in the Firm:					
Date:					