

Agent Data Capture Form.

Business Details

Correct Legal Title (including names of all partners)

[_____]

[_____]

[_____]

Date of Incorporation or Date Established

[__ / __ / __]

Company Registration Number (if applicable)

[_____]

Principal Trading Address

[_____]

[_____]

[_____]

[_____]

[_____ **Post Code** _____]

Tel

[_____] [_____]

Fax

[_____] [_____]

Email

[_____]

Website Address

[_____]

Registered Office (if different from above)

[_____]

[_____]

[_____]

[_____]

[_____ **Post Code** _____]

Tel

[_____] [_____]

Fax

[_____] [_____]

Email

[_____]

Accounting Office (if different from above)

[_____]

[_____]

[_____]

[_____]

[_____ **Post Code** _____]

Tel

[_____] [_____]

Fax

[_____] [_____]

Email

[_____]

Are you associated with any other firm of brokers or intermediaries? Yes [] **No** []

If yes please give details (continue on a separate sheet if necessary)

[_____]

[_____]

[_____]

[_____]

[_____]

Are you associated, owned or controlled by another company not connected with the Industry? Yes [] **No** []

If yes please give details (continue on a separate sheet if necessary)

[_____]

[_____]

[_____]

[_____]

[_____]

Professional Indemnity Insurance

Name of Insurer

[_____]

Address of Insurer

[_____]

[_____]

[_____]

[_____]

[_____ **Post Code** _____]

Tel

[_____] [_____]

Fax

[_____] [_____]

Email

[_____]

Policy Number

[_____]

Expiry Date

[___ / ___ / ___]

Limit of Indemnity

[_____]

Excess / Deductible

[_____]

Compliance

FSA Firms Reference Number

[_____]

Compliance Contact

[_____]

Office Address

[_____]

[_____]

[_____]

[_____]

[_____ **Post Code** _____]

Tel

[_____] [_____]

Fax

[_____] [_____]

Email

[_____]

Directors / Partners

Please give the full names and home addresses of all Directors or Partners (continue on a separate sheet if necessary).

Name

[_____]

Address

[_____]

[_____]

[_____]

[_____]

[_____ **Post Code** _____]

Name

[_____]

Address

[_____]

[_____]

[_____]

[_____]

[_____ **Post Code** _____]

Name

[_____]

Address

[_____]

[_____]

[_____]

[_____]

[_____ **Post Code** _____]

Have any of the Directors / Partners in their current or previous positions

- | | | | | | |
|----|---|------------|-----|-----------|-----|
| 1) | Become or been declared bankrupt | Yes | [] | No | [] |
| 2) | Become or been declared insolvent | Yes | [] | No | [] |
| 3) | Passed a resolution for winding up or been the subject of a court order to that effect | Yes | [] | No | [] |
| 4) | Had a liquidator, receiver, administrator or similar officer appointed over assets | Yes | [] | No | [] |
| 5) | Been the subject of anything similar | Yes | [] | No | [] |
| 6) | Been the subject of any Court Judgement | Yes | [] | No | [] |
| 7) | Been convicted of any criminal offence (other driving offences or one that is deemed spent under the rehabilitation of offenders act 1974) | Yes | [] | No | [] |
| 8) | Been subject to any disciplinary proceedings under IBRC, ABI, GISC or FSA rules or code of conduct | Yes | [] | No | [] |

Bankers, Accountants & Auditors

Name & Address of Bankers

Name

[_____]

Address

[_____]

[_____]

[_____]

[_____]

[_____ **Post Code** _____]

Name & Address of Accountants

Name

[_____]

Address

[_____]

[_____]

[_____]

[_____]

[_____ **Post Code** _____]

Name & Address of Auditors

Name

[_____]

Address

[_____]

[_____]

[_____]

[_____]

[_____ **Post Code** _____]

Please advise the main point of contact for the following:

Fleet Broking / Placing

Name

[_____]

Tel

[_____] [_____]

Fax

[_____] [_____]

Email

[_____]

Client Administration / Handling

Name

[_____]

Tel

[_____] [_____]

Fax

[_____] [_____]

Email

[_____]

Accounts reconciliation

Name

[_____]

Tel

[_____] [_____]

Fax

[_____] [_____]

Email

[_____]