



Private & Confidential

INTRODUCER APPOINTED REPRESENTATIVE APPLICATION (IAR) for Shield Total Insurance

To be completed in BLACK INK in BLOCK CAPITAL LETTERS by the Applicant. If necessary please attach additional sheets.

Section 1

- 1.1 Preferred method of correspondence Post / Email
- 1.2 This applicant is to become An Introducer Appointed Representative of business for Shield Total Insurance
- 1.3 Full legal name of applicant _____
- 1.4 Trading name If applicable _____
- 1.5 Business address _____
- 1.6 Contact name _____
- 1.7 Position _____
- 1.8 Department _____
- 1.9 Phone number _____
- 1.10 Fax number _____
- 1.11 Email address _____
- 1.12 Website address _____
- 1.13 Legal Status

Private Limited Company	<input type="checkbox"/>	Public Limited Company	<input type="checkbox"/>
Partnership	<input type="checkbox"/>	Limited Partnership	<input type="checkbox"/>
Limited Liability Partnership	<input type="checkbox"/>	Unincorporated Association	<input type="checkbox"/>
Sole Trader	<input type="checkbox"/>	Other please specify below	<input type="checkbox"/>
- 1.14 Company Registration Number if applicable _____
- 1.15 Length of Ownership of business _____

Section 2

- 2.1 Have you the applicant personally or by association: **(IF YOU ANSWER YES TO ANY QUESTION BELOW PLEASE PROVIDE INFORMATION ON A SEPARATE SHEET)**
- a) Been adjudged bankrupt, subject to a receiving order, entered into an agreement or composition with creditors, involved with any business which has gone into liquidation, subject to any action under the Insolvency Act 1986 or Company Directors Disqualification Act 1986, or is any such matter pending? Yes / No
- b) Been subject to a county court judgement or order, or is any summons outstanding? Yes / No
- c) Had any agency or similar agreement with any firm refused or cancelled? Yes / No
- d) Been subject to disciplinary proceedings instituted by any professional body? Yes / No
- e) Been convicted of any criminal offence (other than a minor motoring offence) not regarded as spent under the Rehabilitation of Offenders Act 1974? Yes / No

Please see overleaf

2.2 Are you currently or have you ever been authorised directly by the Financial Services Authority? Yes / No
If yes please provide:

- a) FSA Firm Reference No. _____
b) Date ceased to hold FSA Authorisation _____
c) Reasons for ceasing to hold FSA Authorisation _____

2.3 Is there any other information that maybe material to/or prevent us from granting you IAR status under FSA rules. Yes / No

If you have answered yes to any of the questions in sections 2.1 or 2.3 please provide details on a separate sheet referring to the section number/letter

Section 3

Have you applied for / do you currently hold any similar agreements (e.g. AR / IAR) with any other firm? Yes / No
If yes please provide the name, address & contact details of the firm(s) on a separate sheet.

Are you registered under the Data Protection Act 1988? Yes / No
If yes, please provide registration number

Declaration

I declare that the information given in this application is true and complete at the date given below and I agree that this application shall be the basis of any introducer appointment. I understand that if it is found that any information provided is untrue, the appointment may be terminated at the sole discretion of the company.

I also undertake to advise Shield Total Insurance promptly and in writing: -

- *Of any change of address*
- *If applying for authorisation or becoming directly authorised by the Financial Services Authority*
- *Of any changes of capital structure or partnership agreement*
- *In the event of the introducer becoming bankrupt, insolvent, going into liquidation, entering into a composition with any creditors or a receiver being appointed*
- *If becoming subject to disciplinary proceedings instituted by any professional similar body*
- *Of any convictions for criminal offences (other than motoring offences) occurring after the date of this application*
- *If applying for similar agreements with another firm*
- *If any similar Introducer Appointed Representative agreement with another firm is terminated and the reasons for such termination.*

Authorised Signatory _____ Name _____

Position _____ Date _____

Shield Total Insurance use only

Approved by _____ Signed _____ Print name _____

Position _____

Date _____

Please return form to: Stuart Craig, Business Development Manager, 4site Business, Crest House, Station Road, Egham, Surrey TW20 9LG. stuart.craig@vantageinsurance.co.uk