



Intermediary Application Form

1. Principal business details

Name of firm:

Trading name (if different):

Business address:

.....

Correspondence address (if different):

.....

Contact name: Contact job title:

Telephone number: Fax number:

Email address: Website:

FCA registration number:

Please enclose a copy of your professional Indemnity Insurance Certificate.

WE CANNOT COMPLETE THE PROCESSING OF YOUR APPLICATION WITHOUT THIS DOCUMENT.

2. Type of firm (please tick)

Limited company:

Sole trader:

Partnership:

If a limited company, please provide your registered number:

3. People of significant influence

a. For the purpose of Anti-Money Laundering Regulations, we are required to verify the identity of the intermediaries that we work with. In order to conduct appropriate due diligence, we may need to carry out electronic identity checks on the people of significant influence. A person of significant influence is those who own or control more than 25% of the business.

Please enter below the details of people of significant influence (e.g. directors, partners, sales managers etc.):

Name:	Date of birth:
Job title:	Length of experience:
Home address:	

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Job title:	Length of experience:
Home address:	

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Job title:	Length of experience:
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4. How do you conduct your business?

a. Please confirm which sales channels you use:

Call centre:

Face to face:

Web:

Other:

If other, please detail:

b. If you conduct your business via a call centre, please confirm whether you record your calls or take notes of the conversation?

Record calls:

Take notes:

c. Please confirm if your sales are advised or non-advised?

Advised:

Non-advised:

d. Please confirm how you obtain new business leads including the use of any third party (or connected) companies:

e. Please confirm what due diligence you undertake on the companies you have noted in the above question:

f. Please confirm what training is undertaken by any staff selling or discussing insurance:

g. Please confirm how you comply with Insurance Distribution Directive (IDD) requirements:

h. Please outline what you have put in place to ensure compliance with Consumer Duty regulations:

i. Please outline all the fees chargeable, or potentially chargeable, for the services you provide (including pre-sale, post-sale and cancellation fees):

5. If you are a Principal firm with Appointed Representatives, please complete all questions in section 5.

a. Please confirm the following information for your appointed representatives: Name of firm, Firm Reference Number (FRN), if they are advised or non-advised, and if any operate as a call centre. This can be confirmed in a separate document if required.

b. Please confirm the background checks undertaken prior to onboarding a new appointed representative:

c. Please confirm whether your Appointed Representatives fall under your own Professional Indemnity Insurance:

Yes: No:

d. Please confirm how you monitor your appointed representatives' sales processes , please include all ongoing monitoring you undertake on your appointed representatives and how you ensure your AR's are treating customers fairly:

e. Please confirm who is responsible for investigating any complaints, including relating to the mis-sell of any insurance policy, yourself or the AR who sold the policy:

f. Please confirm what training and induction programme is undertaken by your Appointed Representatives:

h. Please confirm who is responsible for approving any Financial Promotions used by your Appointed Representatives:

i. Please confirm whether you carry out any due diligence on lead providers your appointed representatives' wish to use, and if so, what you review:

j. Please confirm which of the following checks, if any, you undertake on your Appointed Representative's Directors/Persons of Significant Influence:

Anti-Money Laundering Checks:

PEP and Sanctions Checks:

Criminal Record Checks:

Credit Checks:

Checks of any dissolved Directorships:

Google searches:

Obtain proof of ID:

Obtain proof of address:

Other:

If other, please detail:

6. Declaration

a. Have you or any individuals named in Section 3 ever had an Agency terminated or had an application to enter in to an agency agreement refused or declined?

Yes: No:

b. Are you or any individuals named in section 3 aware of any circumstances which may result in disciplinary proceedings instituted by any professional body?

Yes: No:

c. Have you or any individuals named in Section 3 ever been involved in liquidation, receivership or bankruptcy, received a County Court Judgement, an administrative order or entered in to an agreement with creditors, or is such a matter pending?

Yes: No:

d. Have you or any individuals named in section 3 ever been convicted or charged with (but not yet tried for) a criminal offence, other than a motoring offence, involving a non custodial sentence?

Yes: No:

e. Have you or any individuals named in section 3 ever made any PI Insurance Claims?

Yes: No:

If you have answered yes to any of the questions above, please provide further details below:

6. Declaration

I/we confirm that the answers given on this application form are correct to the best of my/our knowledge and belief.

I/We acknowledge receipt of a copy of the Society Terms of Business and agree to abide by them and have enclosed a copy of the signed Terms of Business with this Application.

I/We understand that any information provided in this application form will be used and stored by the society for the purposes of processing this application form and for the purposes set out in the Terms of Business Agreement.

I/We agree that the society may use my/our information in order to provide me/us with information on products and services which may be of interest to us by (please tick):

Email: Telephone: Post:

I/We accept that National Friendly will carry out due diligence on our business which includes, but not limited to, researching credit history and carrying out Anti-Money Laundering checks on all people of significant influence.

Signature: Date:

Signature: Date:

Signature: Date:

Signature: Date:

Signature: Date:

NOTE: For a Limited Company with more than one Director or a Partnership, we will accept the signature of only one Director or Partner on the understanding that they have authority to sign for and on behalf of all of the Directors, or Partners of the Company or Partnership.

Application Checklist

This is a checklist of information and documentation which must accompany your application.

A copy of your organisation chart:	<input type="checkbox"/>
Professional Indemnity Insurance Certificate:	<input type="checkbox"/>
A copy of your vulnerable customers policy:	<input type="checkbox"/>
Who would you like us to email commission statements to? Email:	<input type="checkbox"/>
Who would you like us to email business receipts, premium defaults and cancellation notifications to? Email:	<input type="checkbox"/>
Who would be the best person to email regarding complaints? Email:	<input type="checkbox"/>

Bank account to pay commission

Name of Intermediary:

Bank Account name:

Bank name:

Account No:

Sort Code:

Signed:

Date:

Are you part of a commission club? Yes: No:

Please confirm the name of your commission club:

What kind of commission would you prefer? Indemnity Non-Indemnity

Please complete and return this application form to:
riskmanagement@nationalfriendly.co.uk



National Friendly is a trading name of National Deposit Friendly Society Limited. Registered office: 11-12 Queen Square, Bristol BS1 4NT. Registered in England and Wales no. 369F. National Deposit Friendly Society Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Our Financial Services Register number is 110008. You can check this at: <https://register.fca.org.uk>. National Deposit Friendly Society Limited is covered by the Financial Services Compensation Scheme and Financial Ombudsman Service.