

## Registration Form for Directly Authorised firms

PSL/3474

This form must only be completed by those firms who are directly authorised by the Financial Services Authority (FSA).

Guidance Notes:

All dates should be written in the dd/mm/yy format (e.g.14/01/05).

If a question is NOT APPLICABLE, please indicate this clearly. Where a Yes/No answer is required please tick the appropriate box. If there is insufficient space for a detailed answer, or you need to provide additional information, this can be provided at the back of this form or on a separate sheet. Any separate sheets must be signed and dated.

All information supplied on this form will be subject to verification. If this reveals that information has been omitted, either intentionally or through lack of care, or that the information is false, inaccurate or misleading, then it will almost certainly take longer than the standard processing time to process this application and in some cases the application may be rejected.

At any time after receiving the application and before determining whether the application is to be accepted, we may require you to provide further information.

In all circumstances disclosures must be full, frank and unambiguous. If you are in any doubt about the relevance of any information, such information should be included.

You must ensure that we are advised immediately in writing of any changes to the information provided in this application form, which arise before the application has been determined. **Failure to provide this information may result in a delay in processing and/or a rejection of the application.**

If you have any questions or require any assistance in the completion of this form then please contact us on 08450 615 100.

**Note:** If the firm is not showing as registered on the FSA (register/web), we will be unable to process this application.

### Section 1 – Existing Agency Information (if applicable)

Are you an existing Paymentsshield agent? Yes  No

If Yes, please list existing agency numbers

1.

2.

Protection Club Number (if applicable)

Mortgage Club Number (if applicable)

### Section 2 – Regulatory Information

Firm's Name (as shown on the FSA register)

Firm's FSA Registration Number

Can your details be verified on the FSA register?

Yes  No

What regulated business will the firm be carrying on? (please tick as appropriate)

Advising

Arranging (bringing about)

Non-Investment insurance contracts



Regulated mortgage contracts



Investment contracts



Other, please specify




### Section 3 – Nature of Business

Please tick one of the following choices that best describes your business:

Mortgage Intermediary

Non-Investment Insurance Intermediary

Independent Financial Adviser

Other, please specify

### Section 4 – Firm Details

Firm's Address (as shown on the FSA register)

Postcode

Telephone Number

Fax Number

Email Address

Website Address

Address of principal place of business if different from that shown above

Postcode

How many outlets does your firm operate (including call centres, websites and working from home)?

**Section 5 – Main contact at the firm in relation to this application**

Title	<input type="text"/>	Surname	<input type="text"/>
Forename(s)	<input type="text"/>		
Date of Birth	<input type="text"/>	Job Title	<input type="text"/>
Please state address (if different from that shown in section 4)		<input type="text"/>	
<input type="text"/>		Postcode	<input type="text"/>
Telephone Number	<input type="text"/>	Fax Number	<input type="text"/>
Email Address	<input type="text"/>	Website Address	<input type="text"/>

**Section 6 – Controller Information**

Controllers are those individuals who control policy setting, direction or operation and are likely to include directors, partners, chief executive officers and sole traders.

**Controller 1**

Title	<input type="text"/>	Surname	<input type="text"/>
Forename(s)	<input type="text"/>	Date of Birth	<input type="text"/>
Number of years selling Non-Investment insurance contracts	<input type="text"/> years		
Has their right to sell under the FSA ever been withheld/withdrawn?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
If Yes, please provide details	<input type="text"/>		
<input type="text"/>			
Job Title	<input type="text"/>	Branch/Location where situated	<input type="text"/>
Telephone Number	<input type="text"/>	FSA Individual Reference Number	<input type="text"/>
Email Address	<input type="text"/>		
Will this individual be arranging Non-Investment insurance contracts?	Yes <input type="checkbox"/> No <input type="checkbox"/>		

**Controller 2**

Title	<input type="text"/>	Surname	<input type="text"/>
Forename(s)	<input type="text"/>	Date of Birth	<input type="text"/>
Number of years selling Non-Investment insurance contracts	<input type="text"/> years		
Has their right to sell under the FSA ever been withheld/withdrawn?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
If Yes, please provide details	<input type="text"/>		
<input type="text"/>			
Job Title	<input type="text"/>	Branch/Location where situated	<input type="text"/>
Telephone Number	<input type="text"/>	FSA Individual Reference Number	<input type="text"/>
Email Address	<input type="text"/>		
Will this individual be arranging Non-Investment insurance contracts?	Yes <input type="checkbox"/> No <input type="checkbox"/>		

If there are additional controllers within your firm, please attach a separate sheet containing the appropriate information as above

**Section 7 – Legal Status of the firm**

Sole Trader	<input type="checkbox"/>	Partnership (other than a limited liability partnership or limited partnership)	<input type="checkbox"/>
Limited Liability Partnership	<input type="checkbox"/>	Limited Partnership	<input type="checkbox"/>
Private Limited Company	<input type="checkbox"/>	Public Limited Company	<input type="checkbox"/>
Other, please specify	<input type="text"/>		
Companies House Registration Number (where applicable)	<input type="text"/>		

Section 8 – Trading details

How long has the firm conducted the following types of business: Non-Investment Insurance Contracts  years Mortgages  years

Other, please specify

Please specify the number of mortgages arranged per month (average total figure)  per month

Please specify the number of general insurance contracts arranged per month (average total figure)  per month

Please specify the number of pure protection contracts arranged per month (average total figure)  per month

Section 9 – Please list all Sellers of Non-Investment insurance contracts (excluding those identified in section 6)

**Seller 1**

Full Name  Years selling Non-Investment insurance contracts  years

Has their right to sell under the FSA ever been withheld/withdrawn? Yes  No

If Yes, please give details

Branch/Location  Telephone Number  Email Address

**Seller 2**

Full Name  Years selling Non-Investment insurance contracts  years

Has their right to sell under the FSA ever been withheld/withdrawn? Yes  No

If Yes, please give details

Branch/Location  Telephone Number  Email Address

**Seller 3**

Full Name  Years selling Non-Investment insurance contracts  years

Has their right to sell under the FSA ever been withheld/withdrawn? Yes  No

If Yes, please give details

Branch/Location  Telephone Number  Email Address

If there are additional sellers within your firm, please attach a separate sheet containing the appropriate information as above

Section 10 – Banking Details

Bank Sort Code  Account Number

Name of Account Holder/s

Section 11 – Commission Details

When establishing a new agency with Paymentsshield your method of commission payment will be set-up as Double Indemnity.   
Confirm your choice of commission as Double Indemnity by ticking this box

With Double Indemnity we will pay a lump sum equivalent to 24 times the monthly commission times a discounting factor in the month immediately following the policy start date. From month 25 onwards, we will pay a lump sum equivalent to 12 times the monthly commission in the month immediately following each annual policy anniversary date, which may also be discounted. Please note that there will always be a clawback liability with this commission type.

If you do **not** wish to receive your commission payment as Double Indemnity, please select your preferred method from one of the choices below, please tick one:

Annualised indemnity commission  Initial indemnity commission  Monthly paid commission

Annualised Indemnity - Where this option is available, a lump sum equivalent to 12 times the monthly accrual is paid to you in the month immediately following the policy start date. After that, a lump sum equivalent to 12 times the monthly accrual is paid to you in the month immediately following each policy anniversary date. Where this option is not available, you will receive monthly accrual commission. Please note that there will always be a clawback liability with this commission type.

Initial Indemnity - Where this option is available, a lump sum equivalent to 12 times the monthly accrual is paid to you in the month immediately following the policy start date. From month 13 onwards, commission payments will revert to monthly accrual. Where this option is not available, you will receive monthly accrual commission. Please note that there will always be a clawback liability with this commission type.

Monthly Accrual - A percentage of any monthly premium we receive excluding IPT (or monthly premium we should have received during a free cover period) is paid to you monthly in arrears.

Email Address for statements

Section 12 – Disclosure

1. Has a petition for bankruptcy or compulsory winding up of the firm ever been presented? Yes  No
2. Has the firm had a receiver or administrator appointed, failed to satisfy a debt adjudged due, or come to a compromise or similar arrangement with any of its creditors? Yes  No
3. Has the firm been the subject of a reconstruction, whether as a result of any form of insolvency or otherwise? Yes  No
4. Has the firm been a defendant in any criminal or civil proceedings or arbitration in the last five years or is any unsatisfied judgement debt or award outstanding against it? Yes  No
5. Have any settlements been entered into in the last 5 years, whether or not on an ex gratia basis, to avoid legal action being brought against the firm or to avoid publicity? Yes  No
6. Has the firm at any time been convicted of fraud or other dishonesty or an offence under legislation (whether or not in the United Kingdom) relating to companies, building societies, industrial and provident societies, credit unions, friendly societies, insurance, banking or other financial services, insolvency, customer credit or consumer protection? Yes  No
7. Is the firm involved as a defendant in any proceedings, investigations or other events referred to in any of the questions above which are not yet determined? Or are any such proceedings, investigations or other such events pending? Yes  No
8. Has the firm ever been refused, had revoked, any licence, membership, authorisation, registration or any other permission granted by a financial services regulator in the UK or overseas? Yes  No
9. Are there any other significant events regarding the firm or any companies in the firm's group that might adversely affect the application? Yes  No
10. Has your business at any time been fined, censured, expelled or otherwise disciplined by any regulatory body (whether or not having the force of law) or Network? Yes  No
11. Has your business at any time held any indemnity commission debts with insurance companies that have remained unpaid for 3 months or more? Yes  No
12. Has your business at any time made a claim against a Professional Indemnity policy in respect of any products regulated by the FSA or any other regulatory body (whether or not having the force of law)? Yes  No

If you have answered 'Yes' to any of the questions in section 12 then please provide further details in the section below:

Section 13 – Declaration and Data Protection Notification

Before signing this declaration please read the following information carefully:

**Data Protection Notice**

The information on this form may be "personal data" as defined in the Data Protection Act 1998 (DPA). The personal information provided in this form will be used by one or more members of the PaymentShield Group of Companies and/or our alliance partners. We may obtain further information about you or your firm from credit reference agencies, the Financial Services Authority (FSA) and/or other regulatory bodies that may also be personal data.

We will use this information to decide whether to enter into the agreement with the firm. We may further use the information we hold to decide periodically whether to continue with the agreement. We may use the information to administer our agreement with you. We may share all information we have about you with insurance companies, credit reference agencies, debt recovery companies, tracing services, the FSA and/or other regulatory bodies in order to protect our and others' interests, and to prevent fraud. We may use information that is not sensitive personal data as defined by the DPA for marketing purposes, and may share this information within the PaymentShield Group or with our marketing or alliance partners.

When you provide us with this information you are consenting to our use of it as set out in this notice.

If you have questions about our use of personal information, or if you believe our records are inaccurate, you should write to the Data Protection Officer, PaymentShield Limited, PO Box 229, SOUTHPORT, PR9 9WU.

I declare that the information supplied in this form is complete and correct to the best of my knowledge, information and belief, and that there are no other relevant facts of which the PaymentShield Group of companies and/or alliance partners should be aware.

I acknowledge receipt of the Agency Terms & Conditions and I hereby agree on behalf of the firm to be bound and comply with the obligations and requirements contained therein.

**Important note: This form must be signed by an owner/director of the firm (as listed in section 6)**

Title	<input style="width: 95%;" type="text"/>	Surname	<input style="width: 95%;" type="text"/>
Forename	<input style="width: 95%;" type="text"/>	Title/Position in Company	<input style="width: 95%;" type="text"/>
Signature	<input style="width: 95%;" type="text"/>	Date	<input style="width: 100%; height: 20px;" type="text"/>

FOR INTERNAL USE

Date Processed

LESN