

Please complete this application form in BLOCK CAPITALS.

## British Friendly Society Ltd

### Terms of Business – Intermediary Application Form for Personal Touch Directly Authorised Companies

#### Section 1 - Details of Firm

Full Name of Intermediary Firm: \_\_\_\_\_

Trading Name of Intermediary Firm: (if applicable) \_\_\_\_\_

Type of Firm: (please tick one)       Limited company       Partnership       Sole proprietor

Trading Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Postcode: \_\_\_\_\_

Registered Office: (if a limited company) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Postcode: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Fax number: \_\_\_\_\_

Email address: \_\_\_\_\_

Website address: \_\_\_\_\_

Contact name and address for service of notices under the Intermediary Terms of Business: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Postcode: \_\_\_\_\_

If the firm is a limited company or partnership please provide a list of the full names of directors or partners: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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### Section 2 - Status of Intermediary Firm

Are you directly authorised by the Financial Services Authority? Yes  No

If **Yes** please state the FSA Firm Reference No. (FRN): \_\_\_\_\_

Are you an Appointed Representative? Yes  No

If **Yes** please state the name of the firm which has appointed you and its FSA Firm Reference No. (FRN): \_\_\_\_\_

Are you a member of a Network or Group? Yes  No

If **Yes** please provide the name and address of the Network or Group and any firm or individual FSA reference numbers:

Name of Network or Group: \_\_\_\_\_

Address of Network or Group: \_\_\_\_\_

\_\_\_\_\_

Postcode: \_\_\_\_\_

FSA Firm Reference No. (FRN) (if any): \_\_\_\_\_

FSA Individual Reference No. (IRN) (if any): \_\_\_\_\_

### Section 3 - Bank details and commission

Please provide details of your bank:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Postcode: \_\_\_\_\_

Number of years your firm has banked with the above: \_\_\_\_\_

Upon submission of each client application, you must notify us of the basis on which you would like commission to be paid. The options currently available are indemnity, non-indemnity and no commission.

Please state your preferred method of payment: Cheque  Electronic (BACS) transfer

If you wish to be paid by cheque please state to whom cheques should be made payable: \_\_\_\_\_



