WEBSITE

Branch Application Form
Appointed Representative

Personal Touch Financial Services

National Strength
Local Support
Personal Service

1. Main Branch Details

Trading name:

Trading style (only one trading style is allowed):

Company Type:

- ☐ Sole trader
- ☐ Partnership
- ☐ Limited liability partnership
- ☐ Private limited company

Year company established:

Registration number (limited companies only):

Website address:

Principal Contact Details

Title:	Forename:

Middle name(s):

Surname:

Position:

Telephone number:

Fax number:

Email address:

Contact address:

	Postcode:

Trading Address

Is your trading address the same as your contact address? ☐ **Yes** ☐ **No**

If **no**, please complete your trading address below:

Post code:

Registered Address (limited companies only)

Is your registered address the same as your contact address? ☐ **Yes** ☐ **No**

If **no**, please complete your registered address below:

Postcode:

2. Current Regulatory Status of Company

Is your company currently directly authorised by the FSA? ☐ **Yes** ☐ **No**

Name of authorised firm:

FSA number:

Is your company currently authorised through a financial services network? ☐ **Yes** ☐ **No**

Name of network:

Networks FSA number:

Please list all financial services networks your company has been registered with over the past five years:

Does your firm offer face to face advice or is it a telesales based operation? ☐ Face to face ☐ Telesales based

3. Branch Trading Details

Categories of business the branch wishes to be authorised for:

- ☐ Personal insurance
- ☐ Mortgage products
- ☐ Private medical insurance
- ☐ Protection products
- ☐ Equity release
- ☐ Investments & pensions
- ☐ Commercial insurance

Data protection number:

Consumer credit licence number (covering categories C, E1 and H):

If a firm is solely going to undertake private medical insurance, general insurance and protection business only category C is required - please provide copies of your data protection and CCL certificates.

4. Branch Financial Details

Budgeted annual income for the next 12 months:

Income from mortgage broking:

Income from general insurance:

Income from investments & pensions:

Income from equity release:

Income from private medical insurance:

Income from protection insurance:

5. Branch Bank Details (for commission payments)

(Please note that a limited firm will require a bank account in the name of the company)

Bank name:

Account name:

Sort code (6 digits only):

Account number:

6. Controllers of Business

Please provide details of all directors, principals and partners of the business. Continue overleaf for multiple controllers. Please note that at least one branch Principal must be a fully industry qualified and experienced.

Please ensure that all controllers (directors, partners and principals) complete an individual application form **including those who are non-selling.**

Director / Partner / Principal 1

Title:

Forename:

Middle name(s):

Surname:

Percentage of shares owned:

Email address:

Role within company:

- ☐ Director
- ☐ Partner
- ☐ Principal
- ☐ Manager
- ☐ Administrator

Is this individual an adviser? ☐ **Yes** ☐ **No**

Director / Partner / Principal 2

Title:

Forename:

Middle name(s):

Surname:

Percentage of shares owned:

Email address:

Role within company:

- ☐ Director
- ☐ Partner
- ☐ Principal
- ☐ Manager
- ☐ Administrator

Is this individual an adviser? ☐ **Yes** ☐ **No**

If your branch has additional directors / partners / principals, please detail on additional sheets.

7. Branch Credit Details

Has the company been the subject of a receiving order?

If **yes**, please provide details:

Has the company entered into an agreement with creditors?

If **yes**, please provide details:

Has the company been the subject of a court judgement for an outstanding debt?

If **yes**, please provide details:

Has the company had an application refused by another institution or any other insurance company?

If **yes**, please provide details:

Has the to company had authorisations or approvals withdrawn by another regulator including revocations of CCL?

If **yes**, please provide details:

Has the company or any partner or director or any business with which they have been associated, previously held any agencies with any insurance company or any other institutions?

If **yes**, please provide details:

8. Branch Background Details

Where did you hear about Personal Touch Financial Services Ltd?

- ☐ Website
- ☐ E-shot / email
- ☐ Financial press
- ☐ PTFS sales call
- ☐ Word of mouth
- ☐ Financial adviser
- ☐ Mortgage solutions
- ☐ Direct mail
- ☐ Referral
- ☐ Advertisement
- ☐ Mortgage strategy
- ☐ Money marketing
- ☐ Mortgage introducer
- ☐ Professional adviser

If you have been introduced via a Personal Touch regional sales manager, please detail below:

9. Declaration

I/We hereby authorise Personal Touch Financial Services Ltd to seek further information from third parties as appropriate. I/We confirm that the information provided in this application form is to the best of my/our knowledge and belief, complete and accurate. I/We understand that the supply of any misleading information or any attempt to mislead Personal Touch Financial Services Ltd will be an act of misconduct. I/We will notify Personal Touch Financial Services Ltd of any material change within this application whilst it is under consideration. I/We understand that my/our appointment, as an agent of Personal Touch Financial Services Ltd shall only take effect when I/we and Personal Touch Financial Services Ltd have signed the agency agreements.

Title:

Forename:

Middle name(s):

Surname:

Position:

Signature:

Date:

Referral Service: While your application is being processed, if you have any enquiries which need urgent assistance why not refer them to our in-house specialist sales and referral team? ☐ Yes ☐ No

Professional Indemnity Service: You will need to ensure that you have adequate Professional Indemnity cover in place. If you wish us to review the adequacy of your Professional Indemnity run-off arrangements to cover your historic advice liabilities please tick the box appropriately and we will arrange for our PI Department to contact you. ☐ Yes ☐ No

Contact us

Please return this application to:

Membership Applications Department, Personal Touch Financial Services Ltd
Trinity 3, Trinity Park, Solihull, West Midlands, B37 7ES

Ph 0121 767 1063
Em membership.applications@personaltouchfs.com