



Branch Application Form Registered Individual



National Strength
Local Support
Personal Service

To be fully completed by each director, partner and adviser

1. Main Details

Title: Forename:

Middle name(s):

Surname:

Previous names:

Daytime telephone number:

Evening telephone number:

Fax number:

Branch / firm name that you are joining:

National insurance number:

Individual FSA number (if applicable):

Passport number:

Email address:

Nationality:

Date of birth:

Please state your residential status:

- Home owner
- Renting
- Other

Details if other:

Residential contact address:

Postcode:

Dates resident at this address: mth: yr: **TO** mth: yr:

Previous address if less than 3 years:

Postcode:

Dates resident at this address: mth: yr: **TO** mth: yr:

Branch role held:

- | | |
|---|------------------------------------|
| <input type="checkbox"/> Director | <input type="checkbox"/> Adviser |
| <input type="checkbox"/> Director (non-selling) | <input type="checkbox"/> Principal |
| <input type="checkbox"/> Manager | <input type="checkbox"/> Partner |
| <input type="checkbox"/> Administrator | |

Please specify the product areas that you wish to be authorised for:

- | | | |
|--|--|---|
| <input type="checkbox"/> Personal insurance products | <input type="checkbox"/> Private medical insurance | <input type="checkbox"/> Commercial insurance |
| <input type="checkbox"/> Protection products | <input type="checkbox"/> Investment and pensions | |
| <input type="checkbox"/> Mortgages | <input type="checkbox"/> Equity release | |

2. Industry Qualifications

Please specify your industry qualifications you hold:

- | | |
|---------------------------------|--------------------------------|
| <input type="checkbox"/> FPC1 | <input type="checkbox"/> CF1 |
| <input type="checkbox"/> FPC2 | <input type="checkbox"/> CF2 |
| <input type="checkbox"/> FPC3 | <input type="checkbox"/> CF3 |
| <input type="checkbox"/> AFPC | <input type="checkbox"/> CF4 |
| <input type="checkbox"/> MAQ | <input type="checkbox"/> CF5 |
| <input type="checkbox"/> CeMAP1 | <input type="checkbox"/> CF6 |
| <input type="checkbox"/> CeMAP2 | <input type="checkbox"/> CF7 |
| <input type="checkbox"/> CeMAP3 | <input type="checkbox"/> CF8 |
| <input type="checkbox"/> Bridge | <input type="checkbox"/> HR1 |
| <input type="checkbox"/> ER1 | <input type="checkbox"/> CELM |
| <input type="checkbox"/> CELM2 | <input type="checkbox"/> Other |

If other, please confirm qualification:

3. Employment Status

Employment status:

- Employed Self-employed

If you are self-employed you will require both a data protection licence (DPA) and consumer credit licence (CCL).

A CCL needs to cover categories C, H & E1, however if you are solely to be authorised in private medical insurance, general insurance or protection business then you will only require category C.

Individual data protection number:

Individual CCL licence number:

Please enclose copies of these certificates.

4. Fitness and Propriety

Financial Integrity and Reliability

Has a court, in the United Kingdom or elsewhere, ever given any judgement against you about a debt? Yes No

Have you ever made any compromise arrangement with your creditors? Yes No

Have you ever been declared bankrupt or been the subject of a bankruptcy court order in the United Kingdom or elsewhere, or has a bankruptcy petition ever been served on you? Yes No

Have you ever signed a trust deed for a creditor, made an assignment for the benefit of creditors, or made any arrangements for the payment of a composition to creditors? Yes No

Have you ever entered into an individual voluntary arrangement (IVA) with your creditors? Yes No

Convictions or Civil Liabilities

Have you at any time pleaded guilty to or been found guilty of any offence? Yes No

Have you ever, in the United Kingdom or elsewhere, been the subject of any civil action relating to your professional or business activities that has resulted in a finding against you by a court or a settlement being agreed? Yes No

Have you ever been disqualified by a court from being a director, or from acting in the management or conduct of the affairs of any company? Yes No

Good Reputation and Character

Have you, in the United Kingdom or elsewhere, ever been refused the right or been restricted in the right to carry on any trade, business or profession for which a specific licence, registration or other authority is required? Yes No

Have you, in the United Kingdom or elsewhere, ever been investigated about allegations of misconduct or malpractice in connection with your professional activities that resulted in a formal complaint being proved but no disciplinary order being made? Yes No

Have you, in the United Kingdom or elsewhere, ever been refused entry to or excluded from membership of any professional body or employer resulting in a finding against you? Yes No

Have you, in the United Kingdom or elsewhere, ever been reprimanded, excluded, disciplined or publicly criticised by any professional body that you belong to or have belonged to? Yes No

Good Reputation and Character

Have you, in the United Kingdom or elsewhere, ever been refused entry to or excluded from membership of any profession or vocation?

Yes No

Have you, in the United Kingdom or elsewhere, ever been dismissed from any office (other than as auditor) or employment or requested to resign from any office, employment or partnership?

Yes No

Have you, in the United Kingdom or elsewhere, ever been reprimanded, warned about future conduct, disciplined or publicly criticised by any regulatory body or any officially appointed enquiry concerned with the regulation of a financial, professional or other business activity?

Yes No

Have you, in the United Kingdom or elsewhere, ever been the subject of a court order at the instigation of any regulatory body, or any officially appointed enquiry concerned with the regulation of a financial, professional or other business activity?

Yes No

Are you currently undergoing any investigation or disciplinary procedures as described in previously above or in relation to criminal or civil offences?

Yes No

If you have answered YES to any of the questions you must provide full details below (even if you have given the information before), clearly indicating the question or questions to which the details relate.

Non-disclosure of any adverse information will result in your application being rejected

5. Employment/Education History

Please provide your employment and education history for the last five full years. If a company is regulated by a network please state the network. If there is any gap in employment please provide full details of unemployment confirming if any benefits were claimed. We also require details of full time education or time travelling. (If required, please continue on page 11).

Failure to supply all employment/education information will delay your application.

From mth / yr	To mth / yr	Company name & address	Relevant sales experience
		Name: Company FSA number (If applicable): Full address: Postcode: Reason for leaving: Telephone number: Fax number:	Job title: Responsibilities:
Permission to reference employer:		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is this company still trading:		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you achieve competent (CAS) status:		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is this company directly authorised with FSA:		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is this company authorised through a network:		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name of network:			
Permission to reference network:		<input type="checkbox"/> Yes	<input type="checkbox"/> No

From mth / yr	To mth / yr	Company name & address	Relevant sales experience
		Name: Company FSA number (If applicable): Full address: Postcode: Reason for leaving: Telephone number: Fax number:	Job title: Responsibilities:
Permission to reference employer:		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is this company still trading:		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you achieve competent (CAS) status:		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is this company directly authorised with FSA:		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is this company authorised through a network:		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name of network:			
Permission to reference network:		<input type="checkbox"/> Yes	<input type="checkbox"/> No

5. Employment/Education History (continued)

From mth / yr	To mth / yr	Company name & address	Relevant sales experience
		Name: Company FSA number (If applicable): Full address: Postcode: Reason for leaving: Telephone number: Fax number:	Job title: Responsibilities:
		Permission to reference employer:	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Is this company still trading:	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Did you achieve competent (CAS) status:	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Is this company directly authorised with FSA:	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Is this company authorised through a network:	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Name of network:	
		Permission to reference network:	<input type="checkbox"/> Yes <input type="checkbox"/> No

From mth / yr	To mth / yr	Company name & address	Relevant sales experience
		Name: Company FSA number (If applicable): Full address: Postcode: Reason for leaving: Telephone number: Fax number:	Job title: Responsibilities:
		Permission to reference employer:	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Is this company still trading:	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Did you achieve competent (CAS) status:	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Is this company directly authorised with FSA:	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Is this company authorised through a network:	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Name of network:	
		Permission to reference network:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please list any financial services networks that you have been registered through within the last five years that have not been listed above:

6. Professional Reference

Please supply the name and address of a professional reference.

Title:	Forename:
Middle name(s):	
Surname:	
Occupation of professional reference:	
How long have you known this person?	
Address:	
	Postcode:
Telephone number:	
Fax number:	

If you have only worked for one firm in the last five years or have been self-employed you must give details of a professional reference. A professional reference can be any one of the following; bank/ building society official, barrister, accountant, justice of the peace, local government officer, minister of a recognised religion, police officer, solicitor, surveyor, teacher or lecturer.

7. Assets and Liabilities

Assets

Property residential:	Value:
Property investment:	Value:
Car:	Value:
Investments/ savings:	Value:
Other:	Value:
Total:	Value:

7. Assets and Liabilities (continued)

Liabilities

Residential mortgage:	Value:
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Investment property (please include address):	Value:
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Credit cards:	Value:
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Other loans:	Value:
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Total:	Value:
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Please detail any other business interests that you have (including non financial services):

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8. Declaration

I hereby authorise Personal Touch Financial Services Ltd (registered company number (3406454) to seek and disclose information from/to associated third parties as appropriate both now and in the future. I confirm that the information provided in this application form is to the best of my knowledge and belief, complete and accurate. I understand that the supply of any misleading information or any attempt to mislead Personal Touch Financial Services Ltd will be an act of misconduct and could lead to termination. I will notify Personal Touch Financial Services Ltd of any material change within this application whilst it is under consideration.

Please note that authorisation is not guaranteed and Personal Touch Financial Services Ltd will not reimburse any costs that are incurred during the application process.

Signature:

Date:

Title:

Forename:

Middle Name(s):

Surname:

Position:

If you have a disability please detail any special requirements you may have when attending our induction course

Recruited by:

Recruiter's signature:

Address:

Postcode:

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

9. Further Information

If there is anything you need to elaborate on, please do so here:



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