

INTERMEDIARY APPLICATION

London & Colonial Intermediary Application

Full name of Firm:	
Main business address:
Telephone:	
Facsimile:	
E-mail:	
Trading status: <i>(please tick)</i>	<input type="checkbox"/> Sole Trader <input type="checkbox"/> Partnership <input type="checkbox"/> Company
Are you authorised by the UK FSA or by a regulator in another jurisdiction? <i>(Please note that we will only accept insurance business from you if you are authorised)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes in which jurisdiction are you authorised? <i>(Please provide documentary evidence of your approval)</i>	
Authorisation number:	
If you are not authorised how long have you been trading? <i>If you are not authorised please enclose a set of your latest company accounts</i>	

Bank Details

IFA fees will be paid by direct credit transfer. Please give details of the bank account into which you wish payments to be made:

Bank name:	
Address:	
Sort Code:	
Account name:	
Account number:	

To be completed by all Firms

I/we confirm that I/we have read and agree to be bound by the terms of the [Intermediary Agreement for Non-insured Contracts](#) and the [Intermediary Agreement for Insured Contracts](#) as appropriate.

I understand that you will only accept business in relation to your insured contracts from us if we are regulated by the UK FSA.

Signed	
Date	
Name of signatory	
Status in firm	



LONDON &
COLONIAL

INNOVATION YOU CAN TRUST