

Intermediary Business Agreement



Application Form



Your business details

<p>Your business' trading name</p> <p>.....</p> <p>Your registered company name (if different from your business name)</p> <p>.....</p> <p>Your business address for communications</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>Name of Network/Service Provider</p> <p>.....</p>	<p>Your office phone number (including STD code)</p> <p>.....</p> <p>Your business type:</p> <p>Sole trader <input type="checkbox"/></p> <p>Partnership <input type="checkbox"/></p> <p>Limited company <input type="checkbox"/></p> <p>Company registered number <input type="checkbox"/></p> <p>Do you sell to customers on an advised <input type="checkbox"/> or non-advised <input type="checkbox"/> basis?</p>
<p>Your business email address</p> <p>.....</p>	<p>Your FSA reference number</p> <p>.....</p>

Your contact name for **your Fortis Life** account

.....

Your contact email address for **your Fortis Life** account

.....

Your account billing address (if different from business address)

.....

Your postcode

.....

Commission payments

Do you wish to apply for indemnity commission terms? If yes, Fortis Life may contact you to request financial information. Yes/No

Commission terms may already have been negotiated with your network/service provider and will be set out in the letter of confirmation which we will send to you. The terms we offer are only available at the discretion of Fortis Life.

Payment by Direct Credit

<p>Bank name</p> <p>.....</p> <p>Address</p> <p>.....</p> <p>Postcode</p>	<p>Sort code <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Account number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Account</p> <p><input type="text"/></p>
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Intermediary Application Form

By signing this Application Form in respect of the Intermediary Business Agreement, you consent to us conducting a credit check on your business and/or any of the persons named as directors, partners/principals and senior managers, and you represent and warrant that you have the necessary authority and capacity on behalf of your intermediary firm to enter into a contract with Fortis Life.

You acknowledge that the information you provide in this form will be used by Fortis Life in considering your application for a trading relationship. You will be bound by the Intermediary Business Agreement upon notification to **you** by **Fortis Life** that your application has been accepted. Please therefore ensure that any relevant users are given the opportunity to read the Intermediary Terms of Business, and sign here to confirm that you have read and accepted our Intermediary Terms of Business on behalf of your firm and all relevant users.

Acceptance of Terms

I/We hereby acknowledge receipt of the Intermediary Business Agreement and confirm acceptance of the conditions therein.

I/We hereby apply to Fortis Life (UK) Ltd for the initial commission due in respect of certain classes of policy introduced by me/us to be advanced before the full amount of the premiums on which the commission is due have been paid.

	1.	2.
Signed for and on behalf of the Applicants		
Please print name		
Position held		
Date		

Note: In the case of

- a) A Partnership, all partners to sign (append extra sheet if necessary)
- b) A Company, signature must be by at least two directors.

Important – Use of your information

All information supplied will be used by **us** to assess **your** application, maintain records and (if successful) administer your agency. **We** may share information as set out in the **terms of business**. More details of how your information will be used can be obtained from **us**.

If **you** are an individual intermediary, **you** have the right to stop **us** from contacting **you** or providing **your** details to any other organisation for research and marketing purposes by notifying **us** in writing. You also have the right to ask for details about the information that we hold on you, for which we are entitled to charge a fee.

Please sign here to confirm you have read and accepted **our intermediary terms of business** and that **you** want to apply for an agency with **us**. A contract will not be formed between us unless and until **we** notify you in writing that **your** application has been accepted.

Please return to:
Fortis Life UK Limited
Beech House
35-37 London Road
Reigate
Surrey RH2 9HZ

Fortis Life UK Ltd

Registered address:
5 Aldermanbury Square
London
EC2V 7HR

Registered in England and Wales Number 6367921.