

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>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>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

Do you wish to apply for commission on all business from your firm to be earned over a: 4 year or 2 year period?

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 Debit

<p>Bank name</p> <p>.....</p> <p>Address</p> <p>.....</p> <p>.....</p> <p>Postcode</p> <p>.....</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.

Acceptance of terms and conditions for and on behalf of the applicants	
<input type="checkbox"/> I accept	<input type="checkbox"/> I do not accept
Name	
Position held	Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

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.

Submission

Please attach and send the completed form to: agency@fortislife.co.uk