

Intermediary application form

Take control of your pension



A. To be completed by all applicants

I. Applicant details

Name of applicant (*in full*)

I/we hereby apply for appointment as an intermediary on the basis of the information given below, to advise on and sell such products as London & Colonial Assurance PLC or L&C Pensions may offer from time to time:

FSA firm reference number

FSA

Registered address line one

Registered address line two

Town

County

Country

Postcode

Trading address line one

Trading address line two

Town

County

Country

Postcode

Contact name

Telephone number

Facsimile number

Email address

2. Names and addresses of associated/subsidiary/parent organisations

Name	_____
Relationship to applicant	Associated <input type="checkbox"/> Subsidiary <input type="checkbox"/> Parent <input type="checkbox"/>
Address line one	_____
Address line two	_____
Town	_____
County	_____
Country	_____
Postcode	_____

Name	_____
Relationship to applicant	Associated <input type="checkbox"/> Subsidiary <input type="checkbox"/> Parent <input type="checkbox"/>
Address line one	_____
Address line two	_____
Town	_____
County	_____
Country	_____
Postcode	_____

Name	_____
Relationship to applicant	Associated <input type="checkbox"/> Subsidiary <input type="checkbox"/> Parent <input type="checkbox"/>
Address line one	_____
Address line two	_____
Town	_____
County	_____
Country	_____
Postcode	_____

Applicant's regulatory body	_____
Authorisation number	_____
Authorisation classes	_____ _____ _____ _____ _____

3. Names and addresses of other insurers with whom agencies are currently held in respect of pensions and/or annuity business

Name	_____
Address line one	_____
Address line two	_____
Town	_____
County	_____
Country	_____
Postcode	_____

Name	_____
Address line one	_____
Address line two	_____
Town	_____
County	_____
Country	_____
Postcode	_____

Name	_____
Address line one	_____
Address line two	_____
Town	_____
County	_____
Country	_____
Postcode	_____

Has any insurer ever cancelled an agency or refused to grant an agency to any organisation in your group?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, please explain the circumstances	_____ _____ _____ _____ _____

4. Commission

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

Name of bank/building society	<input type="text"/>
Address line one	<input type="text"/>
Address line two	<input type="text"/>
Town	<input type="text"/>
County	<input type="text"/>
Country	<input type="text"/>
Postcode	<input type="text"/>
Account number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Sort code	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>
Name of account to be credited	<input type="text"/>
Reference (<i>if any</i>)	<input type="text"/>
Please give the address to which you wish statements giving details of commission payments to be sent	
Address line one	<input type="text"/>
Address line two	<input type="text"/>
Town	<input type="text"/>
County	<input type="text"/>
Country	<input type="text"/>
Postcode	<input type="text"/>

5. Individuals

Please give details of all individuals who will sell or supervise sales of annuities or pensions.

Name	<input type="text"/>
Qualifications	<input type="text"/>
Date attained (dd/mm/yy)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Number of years experience selling/advising on	
Annuities	<input type="text"/> Years
Pensions	<input type="text"/> Years

Name	<input type="text"/>
Qualifications	<input type="text"/>
Date attained (dd/mm/yy)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Number of years experience selling/advising on	
Annuities	<input type="text"/> Years
Pensions	<input type="text"/> Years

Name	<input type="text"/>
Qualifications	<input type="text"/>
Date attained (dd/mm/yy)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Number of years experience selling/advising on	
Annuities	<input type="text"/> Years
Pensions	<input type="text"/> Years

Name	<input type="text"/>
Qualifications	<input type="text"/>
Date attained (dd/mm/yy)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Number of years experience selling/advising on	
Annuities	<input type="text"/> Years
Pensions	<input type="text"/> Years

Name	<input type="text"/>
Qualifications	<input type="text"/>
Date attained (dd/mm/yy)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Number of years experience selling/advising on	
Annuities	<input type="text"/> Years
Pensions	<input type="text"/> Years

6. Accountants

State name and address of your current accountants and, if you have changed accountants within the last 3 years, details of your previous accountants.

Current accountant's name	
Address line one	
Address line two	
Town	
County	
Country	
Postcode	

Previous accountant's name	
Address line one	
Address line two	
Town	
County	
Country	
Postcode	

Previous accountant's name	
Address line one	
Address line two	
Town	
County	
Country	
Postcode	

7. Trading status

Please state your trading status and complete the corresponding section as follows:

Sole trader section B	<input type="checkbox"/>
Partnership section C	<input type="checkbox"/>
Private/Public limited company section D	<input type="checkbox"/>

All applicants must complete section E.

B. To be completed if the applicant is a sole trader

First name (<i>in full</i>)	_____
Middle names	_____
Surname	_____
Private address line one	_____
Private address line two	_____
Town	_____
County	_____
Country	_____
Postcode	_____
Date of birth (<i>dd/mm/yy</i>)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Profession	_____
Details of membership of professional bodies	_____ _____ _____ _____ _____
Have you traded as a sole trader selling insurance products throughout the last five years?	Yes <input type="checkbox"/> No <input type="checkbox"/>

If No, or if the sale of insurance products has not been your full time occupation, please provide details overleaf of other employments or partnerships during the last five years

Business name (<i>in full</i>)	<hr/>
Date from (<i>dd/mm/yy</i>)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Date to (<i>dd/mm/yy</i>)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Address line one	<hr/>
Address line two	<hr/>
Town	<hr/>
County	<hr/>
Country	<hr/>
Postcode	<hr/>
Telephone number	<hr/>

Business name (<i>in full</i>)	<hr/>
Date from (<i>dd/mm/yy</i>)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Date to (<i>dd/mm/yy</i>)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Address line one	<hr/>
Address line two	<hr/>
Town	<hr/>
County	<hr/>
Country	<hr/>
Postcode	<hr/>
Telephone number	<hr/>

Business name (<i>in full</i>)	<hr/>
Date from (<i>dd/mm/yy</i>)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Date to (<i>dd/mm/yy</i>)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Address line one	<hr/>
Address line two	<hr/>
Town	<hr/>
County	<hr/>
Country	<hr/>
Postcode	<hr/>
Telephone number	<hr/>

Please continue to section E.

C. To be completed if the applicant is a partnership

First partner Please complete for every partner (*photocopy additional pages as required*).

First name of partner (<i>in full</i>)	_____
Middle names of partner	_____
Surname of partner	_____
Private address line one	_____
Private address line two	_____
Town	_____
County	_____
Country	_____
Postcode	_____
Date of birth (<i>dd/mm/yy</i>)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Profession	_____
Details of membership of professional bodies	_____ _____ _____ _____ _____
Has the partner been in business solely with the applicant throughout the last five years?	Yes <input type="checkbox"/> No <input type="checkbox"/>

If No, please provide details overleaf of other employment or partnerships during the last five years

Business name (<i>in full</i>)	<hr/>
Date from (<i>dd/mm/yy</i>)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Date to (<i>dd/mm/yy</i>)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Address line one	<hr/>
Address line two	<hr/>
Town	<hr/>
County	<hr/>
Country	<hr/>
Postcode	<hr/>
Telephone number	<hr/>

Business name (<i>in full</i>)	<hr/>
Date from (<i>dd/mm/yy</i>)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Date to (<i>dd/mm/yy</i>)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Address line one	<hr/>
Address line two	<hr/>
Town	<hr/>
County	<hr/>
Country	<hr/>
Postcode	<hr/>
Telephone number	<hr/>

Business name (<i>in full</i>)	<hr/>
Date from (<i>dd/mm/yy</i>)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Date to (<i>dd/mm/yy</i>)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Address line one	<hr/>
Address line two	<hr/>
Town	<hr/>
County	<hr/>
Country	<hr/>
Postcode	<hr/>
Telephone number	<hr/>

Please complete overleaf for other partners otherwise continue to section E.

Second partner Please complete for every partner (*photocopy additional pages as required*).

First name of partner (<i>in full</i>)	_____
Middle names of partner	_____
Surname of partner	_____
Private address line one	_____
Private address line two	_____
Town	_____
County	_____
Country	_____
Postcode	_____
Date of birth (<i>dd/mm/yy</i>)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Profession	_____
Details of membership of professional bodies	_____ _____ _____ _____ _____
Has the partner been in business solely with the applicant throughout the last five years?	Yes <input type="checkbox"/> No <input type="checkbox"/>

If No, please provide details overleaf of other employment or partnerships during the last five years

Business name (<i>in full</i>)	<hr/>
Date from (<i>dd/mm/yy</i>)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Date to (<i>dd/mm/yy</i>)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Address line one	<hr/>
Address line two	<hr/>
Town	<hr/>
County	<hr/>
Country	<hr/>
Postcode	<hr/>
Telephone number	<hr/>

Business name (<i>in full</i>)	<hr/>
Date from (<i>dd/mm/yy</i>)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Date to (<i>dd/mm/yy</i>)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Address line one	<hr/>
Address line two	<hr/>
Town	<hr/>
County	<hr/>
Country	<hr/>
Postcode	<hr/>
Telephone number	<hr/>

Business name (<i>in full</i>)	<hr/>
Date from (<i>dd/mm/yy</i>)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Date to (<i>dd/mm/yy</i>)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Address line one	<hr/>
Address line two	<hr/>
Town	<hr/>
County	<hr/>
Country	<hr/>
Postcode	<hr/>
Telephone number	<hr/>

Please complete overleaf for other partners (if applicable) otherwise continue to section E.

Third partner Please complete for every partner (*photocopy additional pages as required*).

First name of partner (<i>in full</i>)	_____
Middle names of partner	_____
Surname of partner	_____
Private address line one	_____
Private address line two	_____
Town	_____
County	_____
Country	_____
Postcode	_____
Date of birth (<i>dd/mm/yy</i>)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Profession	_____
Details of membership of professional bodies	_____ _____ _____ _____ _____
Has the partner been in business solely with the applicant throughout the last five years?	Yes <input type="checkbox"/> No <input type="checkbox"/>

If No, please provide details overleaf of other employment or partnerships during the last five years

Business name (<i>in full</i>)	<hr/>
Date from (<i>dd/mm/yy</i>)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Date to (<i>dd/mm/yy</i>)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Address line one	<hr/>
Address line two	<hr/>
Town	<hr/>
County	<hr/>
Country	<hr/>
Postcode	<hr/>
Telephone number	<hr/>

Business name (<i>in full</i>)	<hr/>
Date from (<i>dd/mm/yy</i>)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Date to (<i>dd/mm/yy</i>)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Address line one	<hr/>
Address line two	<hr/>
Town	<hr/>
County	<hr/>
Country	<hr/>
Postcode	<hr/>
Telephone number	<hr/>

Business name (<i>in full</i>)	<hr/>
Date from (<i>dd/mm/yy</i>)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Date to (<i>dd/mm/yy</i>)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Address line one	<hr/>
Address line two	<hr/>
Town	<hr/>
County	<hr/>
Country	<hr/>
Postcode	<hr/>
Telephone number	<hr/>

Please complete overleaf for other partners (if applicable) otherwise continue to section E.

Fourth partner Please complete for every partner (photocopy additional pages as required).

First name of partner (in full)	
Middle names of partner	
Surname of partner	
Private address line one	
Private address line two	
Town	
County	
Country	
Postcode	
Date of birth (dd/mm/yy)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Profession	
Details of membership of professional bodies	
Has the partner been in business solely with the applicant throughout the last five years?	Yes <input type="checkbox"/> No <input type="checkbox"/>

If No, please provide details overleaf of other employment or partnerships during the last five years

Business name (<i>in full</i>)	_____
Date from (<i>dd/mm/yy</i>)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Date to (<i>dd/mm/yy</i>)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Address line one	_____
Address line two	_____
Town	_____
County	_____
Country	_____
Postcode	_____
Telephone number	_____

Business name (<i>in full</i>)	_____
Date from (<i>dd/mm/yy</i>)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Date to (<i>dd/mm/yy</i>)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Address line one	_____
Address line two	_____
Town	_____
County	_____
Country	_____
Postcode	_____
Telephone number	_____

Business name (<i>in full</i>)	_____
Date from (<i>dd/mm/yy</i>)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Date to (<i>dd/mm/yy</i>)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Address line one	_____
Address line two	_____
Town	_____
County	_____
Country	_____
Postcode	_____
Telephone number	_____

Please continue to section E.

D. To be completed if the applicant is a public/private limited company

Company name in full	<hr/>
Country in which registered	<hr/>
Registered number	<hr/>
Date registered (dd/mm/yy)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Has the company ever had any judgement debts entered against it, had its assets seized, had a receiver, administrative receiver or administrator appointed, or made any compromise or arrangement with its creditors or other such similar process under the laws of the country in which the company is registered?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the company currently engaged in, or the subject of, any criminal proceedings or any civil proceedings or arbitration?	Yes <input type="checkbox"/> No <input type="checkbox"/>

First director

Please complete for every director (photocopy additional pages as required).

First name of director (in full)	<hr/>
Middle names of director	<hr/>
Surname of director	<hr/>
Private address line one	<hr/>
Private address line two	<hr/>
Town	<hr/>
County	<hr/>
Country	<hr/>
Postcode	<hr/>
Date of birth (dd/mm/yy)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Profession	<hr/>
Details of membership of professional bodies	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
Has the director been employed solely by the applicant company throughout the last five years?	Yes <input type="checkbox"/> No <input type="checkbox"/>

If No, please provide details overleaf of other employment or directorships during the last five years

Business name (<i>in full</i>)	_____
Date from (<i>dd/mm/yy</i>)	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
Date to (<i>dd/mm/yy</i>)	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
Address line one	_____
Address line two	_____
Town	_____
County	_____
Country	_____
Postcode	_____
Telephone number	_____

Business name (<i>in full</i>)	_____
Date from (<i>dd/mm/yy</i>)	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
Date to (<i>dd/mm/yy</i>)	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
Address line one	_____
Address line two	_____
Town	_____
County	_____
Country	_____
Postcode	_____
Telephone number	_____

Business name (<i>in full</i>)	_____
Date from (<i>dd/mm/yy</i>)	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
Date to (<i>dd/mm/yy</i>)	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
Address line one	_____
Address line two	_____
Town	_____
County	_____
Country	_____
Postcode	_____
Telephone number	_____

Please complete overleaf for other directors (if applicable) otherwise continue to section E.

Second director Please complete for every director (*photocopy additional pages as required*).

First name of director (<i>in full</i>)	_____
Middle names of director	_____
Surname of director	_____
Private address line one	_____
Private address line two	_____
Town	_____
County	_____
Country	_____
Postcode	_____
Date of birth (<i>dd/mm/yy</i>)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Profession	_____
Details of membership of professional bodies	_____ _____ _____ _____ _____
Has the director been employed solely by the applicant company throughout the last five years?	Yes <input type="checkbox"/> No <input type="checkbox"/>

If No, please provide details overleaf of other employment or directorships during the last five years

Business name (<i>in full</i>)	_____
Date from (<i>dd/mm/yy</i>)	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
Date to (<i>dd/mm/yy</i>)	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
Address line one	_____
Address line two	_____
Town	_____
County	_____
Country	_____
Postcode	_____
Telephone number	_____

Business name (<i>in full</i>)	_____
Date from (<i>dd/mm/yy</i>)	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
Date to (<i>dd/mm/yy</i>)	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
Address line one	_____
Address line two	_____
Town	_____
County	_____
Country	_____
Postcode	_____
Telephone number	_____

Business name (<i>in full</i>)	_____
Date from (<i>dd/mm/yy</i>)	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
Date to (<i>dd/mm/yy</i>)	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
Address line one	_____
Address line two	_____
Town	_____
County	_____
Country	_____
Postcode	_____
Telephone number	_____

Please complete overleaf for other directors (if applicable) otherwise continue to section E.

Third director Please complete for every director (*photocopy additional pages as required*).

First name of director (<i>in full</i>)	_____
Middle names of director	_____
Surname of director	_____
Private address line one	_____
Private address line two	_____
Town	_____
County	_____
Country	_____
Postcode	_____
Date of birth (<i>dd/mm/yy</i>)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Profession	_____
Details of membership of professional bodies	_____ _____ _____ _____ _____
Has the director been employed solely by the applicant company throughout the last five years?	Yes <input type="checkbox"/> No <input type="checkbox"/>

If No, please provide details overleaf of other employment or directorships during the last five years

Business name (<i>in full</i>)	_____
Date from (<i>dd/mm/yy</i>)	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
Date to (<i>dd/mm/yy</i>)	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
Address line one	_____
Address line two	_____
Town	_____
County	_____
Country	_____
Postcode	_____
Telephone number	_____

Business name (<i>in full</i>)	_____
Date from (<i>dd/mm/yy</i>)	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
Date to (<i>dd/mm/yy</i>)	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
Address line one	_____
Address line two	_____
Town	_____
County	_____
Country	_____
Postcode	_____
Telephone number	_____

Business name (<i>in full</i>)	_____
Date from (<i>dd/mm/yy</i>)	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
Date to (<i>dd/mm/yy</i>)	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
Address line one	_____
Address line two	_____
Town	_____
County	_____
Country	_____
Postcode	_____
Telephone number	_____

Please complete overleaf for other directors (if applicable) otherwise continue to section E.

Fourth director Please complete for every director (*photocopy additional pages as required*).

First name of director (<i>in full</i>)	_____
Middle names of director	_____
Surname of director	_____
Private address line one	_____
Private address line two	_____
Town	_____
County	_____
Country	_____
Postcode	_____
Date of birth (<i>dd/mm/yy</i>)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Profession	_____
Details of membership of professional bodies	_____ _____ _____ _____ _____
Has the director been employed solely by the applicant company throughout the last five years?	Yes <input type="checkbox"/> No <input type="checkbox"/>

If No, please provide details overleaf of other employment or directorships during the last five years

Business name (<i>in full</i>)	_____
Date from (<i>dd/mm/yy</i>)	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
Date to (<i>dd/mm/yy</i>)	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
Address line one	_____
Address line two	_____
Town	_____
County	_____
Country	_____
Postcode	_____
Telephone number	_____

Business name (<i>in full</i>)	_____
Date from (<i>dd/mm/yy</i>)	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
Date to (<i>dd/mm/yy</i>)	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
Address line one	_____
Address line two	_____
Town	_____
County	_____
Country	_____
Postcode	_____
Telephone number	_____

Business name (<i>in full</i>)	_____
Date from (<i>dd/mm/yy</i>)	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
Date to (<i>dd/mm/yy</i>)	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
Address line one	_____
Address line two	_____
Town	_____
County	_____
Country	_____
Postcode	_____
Telephone number	_____

Please continue to section E.

E. To be completed by all applicants

- I/we confirm that the information given in this application is true and complete to the best of my/our knowledge and belief.
- I/we agree that you may request further information from any person or organisation shown in this application and I/we authorise the giving of that information.
- I/we authorise you to take up such references and to make such enquiries as you may consider necessary in connection with this application.
- I/we understand that all information given to you in this application or obtained by you from other parties in connection with this application will be treated as confidential.
- I/we understand that you may decline this application in which event no reason for declination will be given.
- I/we agree that I/we shall notify you immediately upon bankruptcy or insolvency proceedings being instituted against me/us or upon any disciplinary proceedings being instituted against me/us or upon my/our ceasing to be an Authorised Intermediary.
- I/we acknowledge and undertake that if this application is accepted all business will be transacted in accordance with your agency terms in force from time to time.

Signed

Dated (dd/mm/yy)

--	--	--	--	--	--

Signed

Dated (dd/mm/yy)

--	--	--	--	--	--

Signed

Dated (dd/mm/yy)

--	--	--	--	--	--

Signed

Dated (dd/mm/yy)

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- In the case of partnerships, all partners must sign.
- In the case of limited companies, a director duly authorised for the purpose must sign.
- A false statement may lead to termination of any appointment.

Please send the completed form to:

L&C Pensions, 38 – 42 Perrymount Road, Haywards Heath, West Sussex RH16 3DN

**For more information about
London & Colonial products
please contact our UK
administration office
L&C Pensions.**

L&C Pensions
38 – 42 Perrymount Road
Haywards Heath
West Sussex
RH16 3DN

Tel: 0870 7566696

Fax: 0870 7566697

Email: info@lcpensions.com

Web: www.lcpensions.com

