

...peace of mind for whatever is beyond your horizon

# Introducer Application Form

Name/Trading Style   
Registered Office   
Correspondence   
Address

Postcode   
Telephone Number  Fax Number   
Email Address  Web Address

Date Business Established (dd/mm/yyyy)  Company Registration Number

Type of Company (i.e. sole trader/partnership/limited company)

Please state type of business activity

**Has any Director, Principal or employee:**

a) ever been adjudged Bankrupt or subject to a Receiving Order or County Court Judgement? Yes  No

b) ever been convicted of any criminal offence other than motoring convictions? Yes  No

If YES to any of the above, please state the name of the person and details.

Are you registered with any professional, regulatory or industry governing bodies? Yes  No

If YES, please state (including registration number).

If your application for an Introducer Agreement is accepted, how would you like your commissions paid?

**Tick as appropriate**

Currency in which you would like your commissions paid:

All in original currency of the policy  All in Sterling  All in Euros  All in US\$

(Commissions not paid in original currency will be converted at the prevailing rate)

**Where would you like your commission paid?**

Cheque to your office  Payment direct to bank account

If payment required direct to your bank, please provide the following information.

Bank name  Bank address   
Account name   
Sort code  Account No.   
IBAN No.  Swift ID

I confirm that I/we wish to apply for an Introducer Agreement with à la carte healthcare limited.

I confirm that the above information is correct to the best of my knowledge.

Signature  Date (dd/mm/yyyy)

Name (please print)

Position in Company

**HEAD OFFICE**

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