

... we're different because we care

Introducer Application Form

Name/Trading Style	<input type="text"/>		
Registered Office	<input type="text"/>		
Correspondence Address	<input type="text"/>		
	<input type="text"/>	Postcode	<input type="text"/>
Telephone Number	<input type="text"/>	Fax Number	<input type="text"/>
Email Address	<input type="text"/>	Web Address	<input type="text"/>
No. of years Business Established	<input type="text"/>	Company Registration Number	<input type="text"/>
Type of Company (i.e. sole trader/partnership/limited company)	<input type="text"/>		
Please state type of business activity	<input type="text"/>		
Has any Director, Principal or employee:			
a) ever been adjudged Bankrupt or subject to any legal action?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
b) ever been convicted of any criminal offence other than motoring convictions?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
If YES to any of the above, please state the name of the person and details.			
<input type="text"/>			
Are you registered with any professional, regulatory or industry governing bodies?			
Yes <input type="checkbox"/> No <input type="checkbox"/>			
If YES, please state (including registration number).			
<input type="text"/>			
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	<input type="checkbox"/>	All in Sterling	<input type="checkbox"/>
All in Euros	<input type="checkbox"/>	All in US\$	<input type="checkbox"/>
Commission not paid in original currency will be converted at the prevailing rate at time of commission payment			
Please complete details below for payment into your bank account.			
Bank name	<input type="text"/>	Bank address	<input type="text"/>
Account name	<input type="text"/>		<input type="text"/>
Sort code	<input type="text"/>	Account No.	<input type="text"/>
IBAN No.	<input type="text"/>	Swift ID	<input type="text"/>
I am an authorised signatory and am applying for an Introducer/Referral Agreement with ALC Health. <input type="checkbox"/>			
I confirm that the above information is correct to the best of my knowledge.			
Signature	<input type="text"/>	Date (dd/mm/yyyy)	<input type="text"/>
Name (please print)	<input type="text"/>		
Position in Company	<input type="text"/>		

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