

... we're different because we care

# Introducer Application Form

Name/Trading Style

Registered Office

Correspondence Address

Postcode

Telephone Number  Fax Number

Email Address  Web Address

No. of years Business Established  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 any legal action? 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\$

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  Bank address

Account name

Sort code  Account No.

IBAN No.  Swift ID

I am an authorised signatory and am applying for an Introducer/Referral Agreement with ALC Health.

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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BN44 3AA United Kingdom  
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## SPANISH OFFICE

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29660 Marbella Málaga  
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F +34 952 90 67 30  
CIF W8264779C

## GIBRALTAR OFFICE

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Gibraltar GX11 1AA  
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F +350 200 77741  
Company No. 111964

## ALC HEALTH (HONG KONG) LTD

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