

... we're different because we care

Name/Trading Style ntroducer Application Form Registered Office Correspondence Address Postcode Fax Number Telephone Number **Email Address** Web Address Company Registration Number No. of years Business Established 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? b) ever been convicted of any criminal offence other than motoring convictions? 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? No If YES, please state (including registration number). If your application for an Introducer Agreement is accepted, how would you like your commissions paid? Currency in which you would like your commissions paid: All in Euros All in US\$ All in original currency of the policy All in Sterling 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. Swift ID IBAN No. 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

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