



MORTON MICHEL

THE CHILDCARE INSURANCE SPECIALIST

MORTON MICHEL INTERMEDIARIES AGENCY APPLICATION FORM - SUB BROKERS					
Please complete this form and return it to Morton Michel at Alhambra House, 9 St Michaels Road, Croydon, CR9 3DD					
TRADING TITLE				DATE ESTABLISHED	
ADDRESS					
TEL No:			FAX No:		
WEB SITE ADDRESS:			E. MAIL :		
NATURE OF TRADING / STRUCTURE					
SOLE TRADER	YES / NO	PARTNERSHIP	YES / NO	LIMITED CO	YES / NO
DETAILS OF DIRECTORS, PARTNERS OR SOLE PRINCIPALS					
	NAME	D.O.B	COMPANY SHARE HOLDING	PROFESSIONAL QUALIFICATIONS	
1					
2					
3					
F.S.A DETAILS					
F.S.A REGISTRATION NUMBER:					
PROFESSIONAL INDEMNITY					
NAME OF UNDERWRITERS		LIMIT OF INDEMNITY		RENEWAL DATE	
BANK DETAILS – Clients Premium/IB Account					
NAME:		ADDRESS:			
SORT CODE:		- -	ACCOUNT NAME:		
ACCOUNT NUMBER:		DATE ACCOUNT OPENED:			
DECLARATION					
<p>I/We hereby apply for agency facilities with Morton Michel and confirm that the above statements are true. I/we undertake to observe and abide by the Morton Michel terms of business. I/we can confirm that I/we have never become bankrupt or had a receiving order made against me/us or entered into a deed of arrangement with creditors or ever been convicted of a criminal offence. I/we have never been subject to any disciplinary procedures instituted by the F.S.A or any other regulatory body. I/we undertake to advise you should my/our FSA status change in any way.</p>					
SIGNED:				DATED:	
SIGNED:				DATED:	
SIGNED:				DATED:	