

Irish Life Broker Services

Agency Application Form (Change of Entity)

Change of Entity

Current Agency (Name and Agency Code)

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Revised Trading Name of New Status

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Legal Name (if different to Trading Name)

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Address	Phone no.	
	Fax no.	
	Mobile no.	
	E-mail address	

1. Registration/Membership Details

Central Bank Registration No.	
Intermediary type (MAI, Authorised Advisor or Authorised Cash Handler)	
Date cleared as Intermediary	
Type of Organisation	Limited Company/Partnership/Individual
Client Premium Account - Life (Please give Bank Sort Code and Account Number)	
Do you hold an Insurance Bond ?	
Do you hold Professional Indemnity Insurance ?	
Are you a member of IBA ? (if so, please give member no.)	
Are you are member of P.I.B.A. ? (if so, please give member no.)	

Onesource - The Financial Planning Partnership

Have you heard of the Irish Life Onesource Partnership ?	
Would you be interested in details of what Onesource has to offer ?	

Please list Life Companies and/or Credit Institutions with whom you hold an Appointment (or firms to whom you intend applying for agency)

Company	Date Appointed

2. Personnel

Please complete the following for all Directors, Principals and Senior Personnel

Name		Current Duties	
Address/Phone no.	Date of Birth	Qualifications & LARC No.	

Previous positions

Dates	Employer	Position held

Name		Current Duties	
Address/Phone no.	Date of Birth	Qualifications & LARC No.	

Previous positions

Dates	Employer	Position held

Name		Current Duties	
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Previous positions

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Previous positions

Dates	Employer	Position held

If there are more than four Directors or Principals please photocopy this page and complete.

Have any of the persons listed above or has any organisation in which they have held a managerial position:

	Yes	No
(1) Been involved in any Liquidation, Receivership, Bankruptcy, winding-up or arrangement with creditors, or is there any such matter pending ?		
(2) Been convicted of any criminal offence during the past 10 years ?		
(3) Entered into a Tied Agency agreement with a Life Office?		
(4) Had an agency application declined or an appointment terminated by any company?		
(5) Been debarred from acting as an insurance intermediary under Section 54 or Section 55 of the Insurance Act 1989 ?		

If the answer to any of the above questions is 'Yes' please supply full details on a separate page.

Other than Directors or Principals please list full-time employees:

Name	Position held

3. Sales Details

Please indicate the product areas which you will be actively promoting and project estimated sales you would expect to sell for Irish Life in your first year:

	Yes/No	Amount €
Protection		
Savings		
Bonds		
Mortgage		
Individual Pension		
Group Pension		

4. Business Details

Please state your core activities if Life Assurance is not your core business:

Please give name and address of:

(1) Your Principal Banker

Bank/Address	
Account No.	

(2) Your Solicitors/Legal Advisors

Name/Address	
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(3) Your Accountants/Auditors

Name/Address	
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Please also state:

Date business commenced	
Date of Incorporation (if different)	
Your financial year end	
Tax Reference Number/PPSN Number	
VAT Number	
Registered office	

5. Declaration and Signature

This section should be completed by the Managing Director, Managing Partner or Principal.

I declare that the information given in this application is true and complete. I authorise you to make any enquiries with former employers of all of the individuals named above and other such enquiries as Irish Life deems necessary in consideration of this application for agency facilities, and at any future date.

Signed		Date	
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To assist in the consideration of this application please supply:

- A copy of your current firms stationery
- References for each of the people named in the application
- A copy of your trading account for the last two years
- Statement of Authorised Status