

## Intermediary Firm Registration Form

<b>Authorised firm name:</b>	
<b>Firm Principal:</b>	
<b>Names of advisors who are authorised to submit applications on behalf of the firm:</b>	
<b>Business telephone number(s):</b>	
<b>Main contact e-mail address:</b>	
<b>Principal Business Address:</b>	
<b>FCA Status:</b>	<input type="checkbox"/> Directly Authorised <input type="checkbox"/> Appointed Representative <input type="checkbox"/> Exempt Professional Firm
<b>FCA Registration Number:</b> <i>(if applicable)</i>	
<b>If Exempt Professional Firm: Designated Professional Body and Registration Number:</b>	
<b>Method of Sales:</b>	<input type="checkbox"/> Advised
<b>Interview:</b>	<input type="checkbox"/> Face to Face
<b>Are you a member of a Broker Network?</b>  <b>If yes:</b> <b>Please provide details including Network FCA Registration Number or attach evidence of membership.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Remuneration Policy of Authorised Firm Attached?</b>  <b>If no:</b> <b>Please provide remuneration details.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No



<b>Please provide a brief summary of the geographical area covered by the authorised firm:</b>	
<b>Please provide brief details of the type of lending undertaken by the authorised firm:</b>	
<b>Please confirm the number of advisors working within the authorised firm and how many are MAPC qualified:</b>	
<b>Please declare any connection between advisors at your firm and Employees or Trustees of Airdrie Savings Bank. <i>If none, please state to that effect.</i></b>	
<b>Professional Indemnity Insurance Cover Certificate Attached:</b>	<div style="text-align: center;"> <input type="checkbox"/> Yes         <input type="checkbox"/> No       </div>

**Declaration and Signature (To be completed by Firm Principal)**

I declare that the information provided on this Intermediary Firm Registration Form is, to the best of my knowledge and belief, correct and complete.

I declare that should any of the details provided on this form change in a manner which may materially affect my ability to provide the services advised in this form, I will inform Airdrie Savings Bank as soon as possible thereafter as I understand this may have an impact on my registration.

I declare that I will notify Airdrie Savings Bank if an advisor leaves the firm.

I authorise Airdrie Savings Bank to register my firm on their panel of intermediaries for mortgages.

I understand that this registration does not entitle my firm to use Airdrie Savings Bank's name and/or logo in any promotional material which might be interpreted as an endorsement by Airdrie Savings Bank of my firm's business activities.

I understand that this registration will not create any partnership or joint venture between me, the firm or Airdrie Savings Bank, nor with any other party.

I confirm that my firm has no conflicts of interest with Airdrie Savings Bank.

I understand that Airdrie Savings Bank will keep me up to date with product and business information via email. If you do not wish to receive this information please untick here ☐ . *Please note, you can opt out at any time in the future.*

**Signed (Firm Principal):** \_\_\_\_\_ **Date:** \_\_\_\_\_