

Lutine Assurance Agency Application

Full Name of Intermediary	
FCA (or other Ref number):	
Network and Membership number (if applicable)	
Are you Directly Authorised or an Appointed Representative?	
If an Appointed Representative please provide the name & FCA number of the Network Principal together with any relevant arrangement for the distribution of commission payments & statements.	
If you have more than one office that might submit business to Lutine Assurance please provide us with details for each office on a separate sheet to help us in our communication with you.	
Business Trading Address:	
Postcode:	
Tel:	Fax:
Email:	Website:
Is the above address your Head Office or a Branch?	
Where should we send commission statements in respect of business that is received from this location?	
Has the Firm ever been declined terms of business with any other company/provider?	
Has the firm been party to legal proceedings, either civil or criminal?	
Have there been any legal judgements against the firm?	

Please return a signed copy of this Agency Application Form to
brokersupport@lutine.com

Has the firm been subject to disciplinary proceedings by any regulatory body?

Commission will be paid directly into your bank account by direct credit. A commission statement will be forwarded to the accounts contact you have indicated below. Note: if you have centralised commission payment requirements this information need not be repeated on any supplementary address sheets that you may have completed.

Name of Bank:

Account Name:

Address:

Account number:

Sort Code:

Your Key Contact

Title.....Name.....email.....

This application should be signed in accordance with the firm's authorised signatory list and those persons must make sure they are properly authorised to sign on behalf of the Intermediary firm named in this application.

It should be signed by two directors or partners of the firm or the principal if a sole trader.

- I/We agree to provide the Company with such documentary evidence as it/they may require in order to comply with all the applicable regulations in the jurisdiction of the Company.
- I/We confirm that the information in this application is accurate and hereby apply for terms of business with the Company.
- I/We authorise the Company to take up any references as necessary to the granting of the terms of business.
- I/We agree that I/we have read and will be bound by these terms of business and any subsequent changes the Company may notify me/us of in the future.

Signatory 1	Signatory 2
Position in firm	Position in firm
Print name	Print name
Date	Date