



## **AGENCY APPLICATION FORM**

### **IMPORTANT NOTICE**

Profile Risk Solutions maintains controls for compliance with applicable requirements and standards under UK regulatory systems. This includes policies and procedures for countering the risk of Profile Risk Solutions becoming involved in financial crime. We maintain a zero tolerance towards bribery and corruption in all forms, whether directly or through third parties. We wish to work only with those who are committed to the same standards and we will undertake due diligence to ensure this. This form is part of the process for us to fulfil our regulatory obligations by performing a process of vetting and approval of your business before we enter into a contractual relationship with you.

PLEASE COMPLETE IN **BLOCK CAPITALS** AND **TICK / CIRCLE** APPROPRIATE BOXES WHERE RELEVANT  
If supplementary information is required please use additional paper.

Please return the completed form to [info@profilerisksolutions.co.uk](mailto:info@profilerisksolutions.co.uk) or send to:

Profile Risk Solutions Ltd  
Friaries  
Bakers Lane  
Black Notley  
Braintree  
Essex  
CM77 8QS

**In the event that you have any queries relating to this form please contact us on 01376 551000**

PLEASE COMPLETE IN **BLOCK CAPITALS** AND **TICK / CIRCLE** APPROPRIATE BOXES WHERE RELEVANT  
 If supplementary information is required please use additional paper.

1. Name of firm: .....
- Trading Title: .....
- Postal Address: .....
- .....
- .....
- Post Code: .....
- Contact Name: .....
- Telephone: .....
- Email address: .....
- Website: .....

2. Main business activities: .....
- .....
- .....

Legal Status (please tick)

Limited Company

Limited Liability Partnership

Partnership / Sole Traders

Other (please provide details)

Date Established .....

Country of registration .....

Registration number .....

Registered address .....

.....

Parent company .....

Subsidiary Companies .....

.....

Are you registered with the Financial Conduct Authority (FCA)?

 YES  NO

If YES please provide your Firm Reference Number:

3. Details of all Directors, Partners & Financially Associated Persons:

Name	Position	Time with the firm
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....

Total number of employees:

**Has your firm or any Director, Partner or financially associated person(s)**

a) been convicted of a crime involving dishonesty or breach of trust?  
 If **YES** please provide details

 YES  NO

b) been disqualified under company law?  
 If **YES** please provide details

 YES  NO

c) been found liable for negligence, fraud, wrongful trading or malpractice  
 in connection with your business activities?  
 If **YES** please provide details

 YES  NO

d) been declared insolvent, bankrupt or made any similar arrangements with creditors?

YES

NO

If **YES** please provide details

e) been refused membership, censured, fined, disciplined, suspended, or expelled by any insurance industry regulatory body or trade association?

YES

NO

If **YES** please provide details

f) had a licence, authorisation or registration to conduct insurance business suspended, withdrawn or not renewed?

YES

NO

If **YES** please provide details

g) been specially designated under a financial sanction regime, or the subject of sanction targets as designated by the United Nations, European Union or HM Treasury?

YES

NO

If **YES** please provide details

4. Do you have in place appropriate procedures to counter the risk of your firm becoming involved in fraud, bribery or corruption?

YES

NO

If **YES** please provide a copy of your policy / procedures with this application

5. Do you have in place Professional Indemnity / Errors & Omissions Insurance

YES

NO

If **YES** please provide a copy of your latest schedule / certificate with this application

**6. Bank Account Details**Business Account

Bank Name:

Bank Address:

Account Name:

Account Number:

Sort Code:

  

SWIFT code:

IBAN:

Client Money / Fiduciary Funds Account

Bank Name:

Bank Address:

Account Name:

Account Number:

Sort Code:

  

SWIFT code:

IBAN:

Have your systems and controls regarding the handling of client money/fiduciary funds been audited by a third party?

 YES NO

**DECLARATION**

I hereby declare and affirm that I am duly authorised to submit this application and make this declaration on behalf of the firm.

I declare on behalf of the firm that to the best of my knowledge and belief, the information contained in and attached to this application is accurate, complete and up to date.

I acknowledge that where circumstances lead Profile Risk Solutions to suspect fraud, bribery, corruption or other financial crime in relation to business with the firm, additional due-diligence may be carried out and further steps taken, including but not limited to, the notification to the relevant authorities and background checks, as deemed appropriate by Profile Risk Solutions policies and procedures.

I confirm that I have read and understood the above declarations.

Name ..... Position .....

Signature .....

Date .....