



Applying to Use LifeQuote Protection Portal

Thank you for your interest in LifeQuote, part of Direct Life and Pension Services Limited.

LifeQuote's services have been developed to support advisers actively advising on, and arranging, pure protection products including life insurance, critical illness cover and income protection.

If you wish to become a user of LifeQuote Protection Portal then please complete and return the application form to me at the address below.

Applications are usually fully processed within two weeks of receipt, but in the meantime applicants can start using the services immediately.

Please return to:

Barry Dean
LifeQuote
Metro House
Northgate
Chichester
PO19 1BE

If you have any questions please call me on 01243 817908.

Barry Dean
Agency Manager

LIFEQUOTE PORTAL - USER APPLICATION

YOUR FIRM'S DETAILS

Your Firm's Name (as appearing on FSA Register)	<input style="width: 100%;" type="text"/>		
Full postal address (including county and postcode) from which business is conducted(or address of principal place of business)	<input style="width: 100%; height: 40px;" type="text"/>		
Main Office Telephone No.	<input style="width: 200px;" type="text"/>	Main Fax No.	<input style="width: 150px;" type="text"/>
Main Contact	<input style="width: 100%; height: 20px;" type="text"/>		
Main Contact's Mobile No.	<input style="width: 100%; height: 20px;" type="text"/>		
Email address	<input style="width: 100%; height: 20px;" type="text"/>		

REGULATORY DETAILS

If you are Directly regulated	
FSA Number	<input style="width: 200px;" type="text"/>

If you are an Appointed Representative			
Principal's Name	<input style="width: 100%; height: 20px;" type="text"/>		
Principal's FSA Number	<input style="width: 150px;" type="text"/>	Your Firm's FSA Number	<input style="width: 200px;" type="text"/>

DETAILS OF YOUR BUSINESS WRITERS

Name	Contact Number	Email Address
1		
2		
3		
4		
5		
6		
7		
8		
9		

PRINCIPALS, PARTNERS AND DIRECTORS

Please provide the following information for all principals, partners or directors.

1. Name and title (Mr, Mrs etc)

Position in firm

Date of Birth

Home address
(including county and postcode)

Postcode

2. Name and title (Mr, Mrs etc)

Position in firm

Date of Birth

Home address
(including county and postcode)

Postcode

3. Name and title (Mr, Mrs etc)

Position in firm

Date of Birth

Home address
(including county and postcode)

Postcode

PROFESSIONAL STANDING

Has the applicant or any partner or director at any time:

Been the subject of a receiving order?

Yes

No

Entered into an arrangement with creditors?

Yes

No

Been a director of a company which has been wound up other than for purposes of amalgamation or reconstruction?

Yes

No

Been the subject of a court judgement for any outstanding debts?

Yes

No

Had an application refused by another Institution or any other Insurance Company?

Yes

No

Been convicted of a criminal offence? (other than for motoring)

Yes

No

If you have answered yes to any of these, please provide details on a separate sheet

Has the applicant, or any partner or director, or any businesses with which they have been associated previously held any indemnity commission debts with insurance companies which have remained unpaid for 3 months or more?

Yes

No

If yes please provide details:

COMMISSION

Commission payments are made by BACS. Please provide details of the bank account into which the commission should be paid.

Name of Bank	<input type="text"/>
Full postal address (including county and postcode)	<input type="text"/>
	Postcode
Bank sort code	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Account number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Name of account	<input type="text"/>

DECLARATIONS

I/we hereby apply to be registered with LifeQuote (hereinafter referred to as "the Company") as a User and I/we acknowledge that the company shall not be obliged on the basis of this application form to accept me/us as a User. If the Company accepts in principal my/our application then my/our appointment as a User of the Company shall only take effect when both I/we and the Company shall have signed the LifeQuote Intermediary Services Agreement evidencing the details and obligations of the Company and its Users.

I confirm that the information in this application is accurate and complete to the best of my/our knowledge and belief and that I/we have taken all reasonable steps to ensure that this is the case.
I/we will notify Direct Life & Pension Services Ltd immediately if there is a change to the information given in the application.

For Partnerships and Limited Companies all Partners and Directors are requested to sign the agreement.

In assessing your application Direct Life & Pension Services Ltd may search files made available to it by credit reference agencies who may keep a record of that search.

Signed	<input type="text"/>	<input type="text"/>
Name	<input type="text"/>	Position in Firm <input type="text"/>
Signed	<input type="text"/>	Date <input type="text"/>
Name	<input type="text"/>	Position in Firm <input type="text"/>
Signed	<input type="text"/>	Date <input type="text"/>
Name	<input type="text"/>	Position in Firm <input type="text"/>