



### **Applying to LifeQuote**

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 apply for access to LifeQuote please complete the application form and return it to:

Agency Department  
LifeQuote  
Friars House  
52A East Street  
Chichester  
West Sussex  
PO19 1JG

If you have any questions please call 01243 817 908.

## LIFEQUOTE APPLICATION FORM

### FIRM DETAILS

Firm name as appearing on the FCA Register	<input style="width: 100%;" type="text"/>
Full postal address from which business is conducted <b>OR</b> full postal address of the principal place of business	<input style="text-align: right; vertical-align: bottom;" type="text"/> Postcode
Main office telephone number	<input style="width: 100%;" type="text"/>
Main point of contact name	<input style="width: 100%;" type="text"/>
Main point of contact mobile number	<input style="width: 100%;" type="text"/>
Main point of contact email address	<input style="width: 100%;" type="text"/>

### REGULATORY DETAILS

<b>If firm is Directly Authorised:</b>			
FCA Number	<input style="width: 60%;" type="text"/>		
<b>If firm is an Appointed Representative:</b>			
Principal name	<input style="width: 90%;" type="text"/>		
Principal FCA Number	<input style="width: 30%;" type="text"/>	Firm FCA Number	<input style="width: 30%;" type="text"/>

### DETAILS OF BUSINESS WRITERS

Name	Phone No	Email address	iPipeline login (if held)

Please use additional copies of this page if there are more than six business writers.

**SOLE TRADER, PARTNERS OR DIRECTORS**

The following information is required for the sole trader or all partners or all directors.

Please use additional copies of this page if there are more than three partners or directors.

Title and name

Position in firm  Date of Birth

Full home address

Postcode

Title and name

Position in firm  Date of Birth

Full home address

Postcode

Title and name

Position in firm  Date of Birth

Full home address

Postcode

**PROFESSIONAL STANDING**

Has the sole trader or any partner or any director or any businesses with which they are or have ever been associated with ever:

- been the subject of a receiving order?  Yes  No
- entered into an arrangement with creditors?  Yes  No
- been a director of a company which was wound up other than for purposes of amalgamation or reconstruction?  Yes  No
- been the subject of a court judgement for outstanding debts?  Yes  No
- had applications refused by insurance companies or any other institutions?  Yes  No
- been convicted of criminal offences other than motoring offences?  Yes  No
- held indemnity commission debts with insurance companies which remained unpaid for at least three months?  Yes  No

If you have answered Yes to any of the above questions please provide full details on a separate sheet.

**COMMISSION**

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

Bank name

Branch address  Postcode

Sort code

Account number

Account name

**DECLARATIONS**

The following is required for the sole trader **or all** partners **or all** directors.

**Please use additional copies of this page if there are more than three partners or directors.**

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 my/our application. If the Company accepts in principle 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/We 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 the Company immediately if there is a change to the information given in this application.

In assessing my/our application Direct Life & Pension Services Limited may search files made available to it by credit reference agencies who may keep records of such searches.

Signed  Date

Name

Signed  Date

Name

Signed  Date

Name