



LOMBARD

APPLICATION FOR APPROVAL AS A LOMBARD INTERMEDIARY

COMPANY DETAILS

Name:

Registration no: Vat no:

Physical Address:

Code:

Postal Address:

Code:

Contact Person: Tel no:

Fax no: Email address:

Cellphone number:

FAIS DETAILS

Registration Name:

FSP no:

License Category: Short Term Personal lines Y N Years experience:

Key Individual details

IGF: Y N Professional Indemnity: Y N Fidelity Guarentee: Y N

Representatives Under Supervision: Y N

Previous trading names, agencies or brokers with whom you have been associated:

BANKING DETAILS

Name of Account Holder: Name of Bank:

Account number: Branch Name:

Branch Code:

DECLARATION

I hereby declare that the details and information furnished in this application, to the best of my knowledge, fairly represent the true state of affairs of the company/business and I authorise the verification of any aspect of this application. I have not concealed any material facts relevant to this application.

Name: Signature:

On behalf of: Date:

PLEASE ATTACHED COPIES OF THE FOLLOWING DOCUMENTS:

1. FSP License
2. IGF Guarantee (if applicable)
3. Professional Indemnity Insurance schedule
4. Cancelled Cheque
5. VAT 103 certificate
6. CIPRO docs (CK2 or CM1) COR14.1, 14.3 or 15.1A
7. ID of Key Individual
8. Provisional Tax Certificate/Tax clearance certificate

Lombard Insurance Company is a licensed insurer and Authorised Financial Provider (FSP 1596)
Email: compliance@lombardins.com Tel: 0861 551 0600

WWW.LOMBARDINS.COM