

Application Form

Insurance Adviser's Application

Please answer all questions fully in handwritten black ink or by stating Yes, No or None, as appropriate (rather than ticks, dashes, N/A, blanks etc.)

This application should be completed in the applicant's own handwriting and where answers require additional detail it should be provided in the notes section on Page 9.

1. Personal Details

Surname:	
Mr/Mrs/Miss/Ms/Other:	Forenames:
If you have ever used another name(s) please state below and give date(s) when changed.	
Other Name(s):	Date of Change:
Date of Birth:	Place of Birth:
Driving Licence (Please Attach a Copy): Full UK/Provisional/None	
NI Number:	
Current Home Address Including Postcode:	
Period of Residence (From and To):	
Previous Address Including Postcode (If less than 3 years at above address):	
Period of Residence (From and To):	
Any further previous addresses within the last 10 years, please provide details in the notes section on Page 9.	
Home Telephone Number:	
Mobile Number:	
Email Address:	

2. Bank Details

Bank Name:	
Bank Address:	
Bank Account Name:	
Sort Code:	Account No:
How long has your bank known you? (Years):	

3. Qualifications and Other Relevant Training

Please state details of all relevant qualifications and training including dates in respect of business and financial services. If you run out of space, please use the notes section on Page 9.

School/College/University Attended	Qualifications Attained	Date Qualifications Achieved

4. Regulatory Information

This section relates to authorisation held by the individual.

A. Please provide details of any licence or authorisation held at any time under:-
<ul style="list-style-type: none"> i. The Prevention of Fraud (Investments) Acts 1958 or The Prevention of Fraud (Investments) Act (Northern Ireland) 1940. ii. The Consumer Credit Act 1974. iii. The Insurance Brokers (Registration) Act 1977. iv. The Data Protection Act 1984.
Response:

<p>B. Please provide details of membership or non-active directorships of, or authorisation or registration by FCA, any recognised self-regulating organisation or any recognised professional body (currently or previously). E.g. FIMBRA, IFA Network, IBRC, GISC, MCCB, PIA, FCA, Life Office/Host Office etc).</p>
<p>Response:</p>

C. Please state, in respect of yourself or any undertakings, which you are or have been a partner, director, Senior manager or qualifying holder:-		
i.	Has any licence held under the statutes at 4A above ever been refused, revoked or withdrawn?	YES/NO
ii.	Has any authorisation, membership of or registration by any of the bodies mentioned in 4B above, or any association of dealers in securities, any stock exchange or other professional body ever been refused, revoked or withdrawn?	YES/NO
iii.	Has any authorisation to carry on insurance, investment, or banking business ever been refused, revoked or withdrawn?	YES/NO
iv.	Has an application to represent an Insurance Company/Office ever been refused?	YES/NO
v.	Have you ever been dismissed from any employment or are you currently under investigation?	YES/NO
vi.	Have you ever resigned or been dismissed from or suffered the termination of your last or any previous position whilst under investigation for misconduct or for any reason connected with a breach (or alleged breach) of the rules of any regulatory body, or a conviction involving fraud, dishonesty or violence?	YES/NO

<p>D. Please state, in respect of yourself or any undertaking of which you are or have been a partner, director senior manager or qualifying holder whether there has been any resignation from, or discontinued application for membership or authorisation to any body in 4A, 4B or 4C above. If Yes, please provide details in the notes section on Page 9.</p>	YES/NO
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<p>E. Please provide, in the notes section of this form, details of other areas of investment business in which you are involved, or in which you have a financial interest under the Financial Services Act 1986, the Financial Services and Markets Act 2000 including offshore interests.</p>	YES/NO
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5. Employment Details

List details of each employment or occupation over the previous 10 years (including current employment or occupation).

Where there has been a break in employment, state reasons and what you did during the period of unemployment. If benefit was claimed include name and address of Benefit Office. If you need more space, please use the notes section on Page 9.

Period of Employment (should be continuous) MM/YY	Full Name and Address of Employer	Nature of Employer's Business	Is the Business Still Trading?
From: To:			
From: To:			
From: To:			
From: To:			

Please provide details of two referees.

Contact Name, address, email address and Telephone Number for Referee	Position held including relevant experience and status (i.e representative / introducer).

6. Fitness and Properness

Where an answer is 'YES' provide details in the notes section.

In connection with any bankruptcy order, individual voluntary arrangement or in discharge of a county court judgement, advise whether the payment schedule has been adhered to and give details of amount being repaid and outstanding. If the judgement has been satisfied please provide a copy of certification of satisfaction or receipts.

i.	In relation to business or professional activities, have you, or any undertaking of which you are or have been a partner, director, senior manager or qualifying holder, ever been publicly censured, disciplined, suspended or expelled by SIB, any recognised self-regulating organisation, any recognised professional body or any other organisation, association or body?	YES/NO
ii.	Are you, or is any undertaking of which you are or have been a partner, director, senior manager or qualifying holder, currently the subject of any disciplinary proceeding by any of the bodies mentioned at 5a) above, or are you aware that such proceedings are pending?	YES/NO
iii.	Have you, or any undertaking of which you are or have been a partner, director, senior manager or qualifying holder, ever been the subject of a formal investigation under powers in The Insurance Companies Act 1982; The Companies Act 1985; The Financial Conduct Act 1986 or the Financial Conduct and Markets Act 2000?	YES/NO
iv.	Have you ever been refused entry into a profession?	YES/NO
v.	Have you ever been removed from any fiduciary office or position of trust (whether or not remunerated)?	YES/NO
vi.	Have you ever been disqualified from acting as a director of a company, or from acting in the management or conduct of the affairs of any undertaking?	YES/NO
vii.	Have you been convicted by a court (whether civil or military) for offences (other than a motoring offence unless resulting in disqualification from driving) which are not spent convictions under The Rehabilitation of Offenders Act 1974?	YES/NO
viii.	Have you been subject to penalties for tax evasion?	YES/NO
ix.	Have you, in connection with the formation or management of any undertaking, been adjusted by a court to be liable for any fraud, misfeasance, wrongful trading or other misconduct?	YES/NO
x.	Are you, or have you been or any undertaking of which you are or have been a partner, director, senior manager or qualifying holder, a defendant in any civil proceedings, or a party to any arbitration, in relation to any investment business or other financial business, or the subject of any criminal proceedings?	YES/NO
xi.	Have you ever had a petition for bankruptcy presented against you or been declared bankrupt?	YES/NO
xii.	Have you ever had your estate sequestered or is it currently the subject of proceedings, or are you aware of any pending proceedings, for the sequestration of your estate?	YES/NO
xiii.	Have you ever had any judgement debt against you or are proceedings pending? (Details are required even if it has been cleared)	YES/NO

xiv.	Have you ever made any compromise or arrangement with one or more of your creditors, or made proposals for such?	YES/NO
xv.	Have you ever ceased trading in circumstances in which one or more of your creditors did not receive full payment?	YES/NO
xvi.	<p>Has any partnership of which you are or have been a partner, senior manager or qualifying holder:</p> <ul style="list-style-type: none"> a. had a petition for bankruptcy presented against it or been declared bankrupt? b. had its estate sequestered, or is currently the subject of proceedings, or are you aware of proceedings for the sequestration of its estate? c. made any composition with creditors? d. made a trust deed for creditors? e. been dissolved? f. ceased trading in circumstances in which any of its creditors did not receive full payment? 	<p>YES/NO</p> <p>YES/NO</p> <p>YES/NO</p> <p>YES/NO</p> <p>YES/NO</p>
xvii.	<p>Has any company of which you are or have been a director, senior manager or qualifying holder:</p> <ul style="list-style-type: none"> a. had a petition presented, or a meeting summoned to consider a resolution, to wind up the company, or been wound up? b. had its estate sequestered, or is currently the subject of proceedings, or are you aware of any proceedings for the sequestration of its estate? c. had a receiver, administrative receiver or administration appointed, in respect of the whole or any part of its property? d. had an administrator, receiver or trustee appointed, or an application made for such appointment? e. made a composition or arrangement with one or more of its creditors, or made proposals for such? f. ceased trading in circumstances in which any of its creditors did not receive full payment? g. been struck off the register by the Registrar of Companies? 	<p>YES/NO</p> <p>YES/NO</p> <p>YES/NO</p> <p>YES/NO</p> <p>YES/NO</p> <p>YES/NO</p> <p>YES/NO</p>

7. Indebtedness

i.	<p>Are you, or any company, partnership or unincorporated association of which you are or have been a qualifying holder or director concerned with the management, indebted to: (where an answer is yes, please provide details in the notes section on Page 9)</p> <ul style="list-style-type: none"> a. any other member of the FCA, or an associate of any other members of FCA? b. any other person who is authorised or exempted under the Financial Conduct Act 1986 or the Financial Conduct and Markets Act 2000? c. The FCA, or any other self-regulating organisation, a recognised professional body? 	<p>YES/NO</p> <p>YES/NO</p> <p>YES/NO</p>
ii.	Please give details of any guarantees or other financial commitments entered into for the purpose of your own business or of the business affairs of any other person (e.g. a guarantee of borrowings on a spouse's business; a guarantee on a relative's mortgage).	

8. Medical Questions

Question		Answer
1	Do you have any specific requirements or require any adjustments in order to attend the interview/assessment that has been communicated to you under separate cover?	
2	In relation to the job description of the role, do you have any physical, medical or health issue which may impact on your ability to carry out the role?	
3	We monitor diversity. Please confirm whether you have any physical or mental impairment which has an impact on your ability to carry out day-to-day activities or which may be a "disability" within the meaning of the Disability Discrimination Act 1995	

9. Declaration

I apply to be an Insurance Adviser with Mason Owen Financial Services Ltd and its associated companies in the United Kingdom. I confirm that the information supplied in this application is correct to the best of my knowledge. I authorise Mason Owen Financial Services Ltd to obtain appropriate references in support of this application. If any circumstances stated in this application change I will notify Mason Owen Financial Services Ltd of the change.

I agree that Mason Owen Financial Services Ltd may vary or amend from time to time the Terms and Conditions of the Agreement I have and that any such variation or amendment will only be binding on the parties if it is in writing and signed by a duly authorised official of Mason Owen Financial Services Ltd.

I understand that certain data and records about me and my relationship with Mason Owen Financial Services Ltd will be held on a computer system (The Data). In order to allow Mason Owen Financial Services Ltd and other members of the financial services industry to assess the suitability, conduct and my credit worthiness, and for other ancillary purposes relating to Regulatory issues, Mason Owen Financial Services Ltd will carry out a credit check on me based on the information I supply and may wish to share some or all of the Data with third parties, including but not restricted to their industry Regulator, Credit References Agencies (or their agents), Self Regulatory Organisations, Recognised Professional Bodies, and other companies registered with an industry Regulator. Such information will not be disclosed to any third party for marketing purposes.

Signed Date

Name.....

Mason Owen Financial Services Ltd Use Only

Name of member firm to sign off

Signed _____ Name _____ Date _____

(i)

(ii)

(iii)

Notes Section for Additional Information

Question Number	Please provide further details below