

Intermediary application and information form

ASHBURTON

1. Contact Details

Company Name and Nature of Business	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
Postal Address	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	Post Code
<input type="text"/>	<input type="text"/>

Telephone	Facsimile	Mobile
<input type="text"/>	<input type="text"/>	<input type="text"/>
Website	Email	
<input type="text"/>	1. <input type="text"/>	
	2. <input type="text"/>	

2. Company Details

Experience	Number of Employees	Principal Market Focus
No. of years in business	Sales Consultants	Local
With other companies	Other	Countrywide
		Global

3. Business

- a) Please indicate the average annual value of business written in the last 3 years.
(Please tick the most relevant box).

£0 - £5 million	£5 - £10 million	£10 - £25 million	£25 - £50 million	£50 million +
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- b) Type of business

1. Platform/Wrap/Insurance Linked	2. Investment Funds	3. Other
<input type="text"/>	<input type="text"/>	<input type="text"/>
%	%	%

4. Authorisation

Regulatory / Supervisory Body	Registration Number

Please provide a certified copy of your registration certificate.

5. Ashburton Support

What are the three most important factors that you require from Ashburton in order to provide ongoing support to your business?

1.
2.
3.

6. Commission Payment Details

Payment may be made by Bank Transfer, Cheque or through investment in Ashburton and cannot be made to a third party.

(i) Method of Payment (Please tick the appropriate box indicating your choice)

Cheque	<input type="checkbox"/>	
Bank Transfer	<input type="checkbox"/>	
Ashburton Investment	<input type="checkbox"/>	Account Name <input type="text"/>

(ii) Currency (Please tick the appropriate box indicating your choice)

Sterling	<input type="checkbox"/>
US Dollars	<input type="checkbox"/>
SA Rand	<input type="checkbox"/>
Euro	<input type="checkbox"/>

(iii) Bank Transfers

If payment is to be made by Bank Transfer, please provide the bank details below.

Name of Bank			
<input type="text"/>			
Address			
<input type="text"/>			
<input type="text"/>			
		Post Code	<input type="text"/>
Account Name	<input type="text"/>	Sort Code	<input type="text"/>
		Account No.	<input type="text"/>

7. References

Please supply the name and address of your principal banker and one other professional contact from whom references may be obtained.

Name of Principal Banker	
Address	
	Post Code

Name of Other Professional Contact	
Address	
	Post Code

8. Additional Comments

9. Documentation

We require the following information to be attached to this form to facilitate the establishment of our business relationship:

(Please tick when attached)

a) A certified true copy of your Regulatory / Supervisory Body Registration Certificate	
b) Completed Intermediary Terms of Business and Schedule of Commission	
c) A certified true copy of your company's Memorandum, Articles of Association and Certificate of Incorporation	
d) Register of Directors, Secretary and Shareholders	
e) List of Authorised Signatories (dated within the last three months)	
f) Certified copies of Passport / ID and address verification for all authorised signatories, directors, Secretary and shareholders	

Authorised Signatory	Authorised Signatory

Please note that until such time as all satisfactory documentation has been received and accepted, it will not be possible to accept subscriptions or to act upon any instructions or notifications received.

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