

Irish Brokers Association



APPLICATION FOR MEMBERSHIP

Please complete all Sections

87 Merrion Square, Dublin 2.

Tel: (01) 661 3067

Fax: (01) 661 9955

Email: info@iba.ie

Website: www.iba.ie

A. FULL TRADING NAME:

Full Name of Brokerage: _____

Trading Name of Brokerage: _____

Business Address: _____

Date Established ____/____/____

Tel.: _____ Fax: _____

Email Address: _____

Web-Site: _____

Legal Status

Partnership Sole Trader Limited Company

Registered Number (if Ltd Co) _____ Date of Incorporation ____/____/____

Registered Office Address

Business's carried out other than insurance (if any):

Full names of associate/subsidiary companies (if any):

B. FINANCIAL REGULATOR

Financial Regulator Registration Number:

Is the applicant registered with the Financial Regulator as:

- a) Authorised Adviser? Yes No
- b) MAI? Yes No
- c) Mortgage Intermediary Advisor (MIA) Yes No
- d) Other (please detail)

C. PROFESSIONAL INDEMNITY COVER

Insurer.....

Broker

Amount per claim Aggregate Amount

Excess.....

PremiumPolicy No Renewal Date.....

D. BRANCH OFFICES: (Continue on Notes page if more space is required)

(a) Business Address _____

Tel.: _____ Fax: _____

Email Address: _____

Web-Site: _____

(b) Business Address _____

Tel.: _____ Fax: _____

Email Address: _____

Web-Site: _____

(c) Business Address _____

Tel.: _____ Fax: _____

Email Address: _____

Web-Site: _____

**G.
DECLARATIONS**

- I/We have read and understand my/our obligations under the Consumer Protection Code, the Handbook of Prudential Requirements, the Investor Compensation Act, 1998 and the Minimum Competency Requirements and that I/We are in compliance with the requirements of this legislation insofar as they apply to me/us.
- I/We have not entered into any arrangement or agreement with any insurer or undertaking whereby I am/We are restricted in any manner whatsoever from referring proposals of insurance to other insurers or undertakings.
- I / We undertake to furnish a copy of a policy of Professional Indemnity Insurance with this application or if same is not immediately available a copy of a broker's cover/debit note.
- I/We hereby make application for membership of the Irish Brokers Association and agree that the said Association may make such enquiries as they may deem necessary.

SIGNATURE OF PRINCIPAL:

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FOR & ON BEHALF OF:

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(Please print the name of your firm).

DATE: / /