

# *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](mailto:info@iba.ie)

Website: [www.iba.ie](http://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  
\_\_\_\_\_

Businesses carried out other than insurance (if any):  
\_\_\_\_\_

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

**B. FINANCIAL REGULATOR**

Financial Regulator Registration Number: í í í í í í í í í í í í .

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) í í í í í í í í í í í í í í í í .

**C. PROFESSIONAL INDEMNITY COVER**

Insurerí .....í  
Broker .....í ..  
Amount per claim í ..... Aggregate Amount í í í í í í í í ..  
Excessí .....  
Premium ..í í í .....Policy No í ..... 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. AGENCIES/APPOINTMENTS:**

Name all the Product Producers for whom you act as Agents or have appointments from:

**Life**

- 1 .....
- 2 .....
- 3 .....
- 4 .....
- 5 .....
- 6 .....
- 7 .....
- 8 .....

**Non-Life**

- 1 .....
- 2 .....
- 3 .....
- 4 .....
- 5 .....
- 6 .....
- 7 .....
- 8 .....

**Mortgage**

- 1í í
- 2í í
- 3.í ..
- 4í í
- 5í í
- 6í í
- 7í í
- 8í í

**Other**

- 1í í
- 2í í
- 3í í
- 4í í
- 5í í
- 6í í
- 7í í
- 8í í

(if more space is required, please add to the bottom of the relevant list or use a separate sheet)

## DECLARATIONS

- I/We have read and understand my/our obligations under the Investment Intermediaries Act, 1995, the Investor Compensation Act, 1998 and the Insurance Act, 2000 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:

.....

(Please print the name of your firm).

DATE: ..... / ..... / .....