

## AIMS - REGISTRATION FORM FOR DIRECTLY AUTHORISED FIRMS

**Intermediary Details:**

Give Details of Any Group or Parent Company

Intermediary Name

FCA Registration Number

Data Protection Number

Company Registration Number

Address

*(As shown on  
the FCA register)*

Post Code

Telephone Number

Fax Number

Email Address

Website Address

Address of principal place of business (if different from above)

Post Code:

How many offices does your firm operate?

Date Established

Please provide full details of any Introducers, Sub Agency or Sub Broking or Appointed Representative arrangements you presently have. Sub Broking is not permitted unless it is with our prior written permission.

Are you a Sub Agent or Appointed Representative for any other Insurance Intermediary?

**YES**

**NO**

If YES please provide details:

Are you authorised by the FCA to hold Client Money?

**YES**

**NO**

Software House & Version

"

"

**Senior Contact:**

Full Name

Has your right to sell under the FCA ever been withheld/withdrawn? YES  NO

Job Title

Telephone Number

Email Address

**Administrator Contact:**

Full Name

Job Title

Telephone Number

Email Address

**Compliance Contact:**

Full Name

Job Title

Telephone Number

Email Address

**Accounts Contact:**

Full Name

Job Title

Telephone Number

Email Address

**Professional Indemnity Details:**(Please supply a copy of your most recent Renewal Schedule)

Insurer

Limit of Indemnity

Expiry Date

Current Premium

We acknowledge that it is a condition of your direct dealing facilities that adequate (as required by the FCA) Professional Indemnity Insurance be maintained at all times.

**Marketing:**

We may use, analyse and assess information held about you, including the nature of your transactions to give you information about products and services available from AIMS Ltd, which we think may interest you by phone, post or other means.

To help improve our services and in the interest of security we may monitor and/or record your telephone calls with us.

If you do not want to be contacted in future for **marketing** purposes please tick:

(For avoidance of doubt we will send all business related correspondence to the designated contacts provided in the completion of this application form).

**DECLARATION:**

**Data Protection Act** - This information will be processed for the purposes of deciding whether to enter into the agreement with the firm. Information may be passed to insurance companies, credit reference agencies, the FCA and/or other regulatory bodies. You are entitled to inspect the personal data held about you. If you wish to make such an inspection you should contact AIMS Ltd.

**I declare that the information supplied in this form is complete and correct to the best of my knowledge, information and belief. I acknowledge receipt of the Agency Terms & Conditions for directly authorised firms and I hereby agree on behalf of the firm to be bound and comply with the obligations and requirements contained herein.**

Full Name:

Title / Position in Company:

Signature:

Date:

Please kindly return this form to:

Agency Department  
AIMS Limited  
53 High Street  
Kirkcaldy  
Fife  
KY1 1LL

Scan and email to [admin@aimsolution.co.uk](mailto:admin@aimsolution.co.uk)

Tel 01592 646328

Advanced Insurance Management Solutions Limited is authorised and regulated by the Financial Conduct Authority,  
Firm reference number 495469.