

GENERAL INSURANCE AGENCY APPLICATION



Registered Address:

AHS Insurance

Alexandra House, Alexandra Road
Swansea
SA1 5ED

Tel: 01792 465141

Fax: 01792 643237

Email: business@ahs.co.uk

Web: <http://www.ahs.co.uk>

This application form is for applicants who are authorised to transact general insurance business or those wishing introducer status. Please turnover complete and return to the above address.

If you require more information on company or its products and services please visit our website or contact us directly.

Company Details

Trading Name: _____

Individual(s) or limited company name: _____

Company Address

Business address: (PO Box Numbers not acceptable)

Postcode: _____

Co.Reg.No: _____

Home address(es) or individual(s) or registered office if different from above:

Name: _____

Address(es): _____

Postcode: _____

CONTACT NUMBERS

Tel No. _____ Fax No. _____

E-mail address: _____ Company Web-site: _____

When was the business established? _____

Are you authorised by the FSA to transact general insurance business? Yes NO

If yes please state FSA No. and enclose copy of permission FSA No. _____

Copy of permission enclosed

If no are you authorised for other types of business, members of a professional body or hold a consumer credit licence. Please provide details below and also state how you are able to introduce general insurance business: _____

Signed: Name: _____ Date: _____
 Name: _____ Date: _____
 Name: _____ Date: _____

Capacity of signatory: Director Partner Sole Trade