**Independent Broking Solutions Limited (IBS) Terms of Business Agreement (ToBA) application form**

**Name of your contact at IBS or their Appointed Representative:**

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| 1. Name of applicant (including subsidiaries and trading names if applicable):   Click here to enter text. | | |
| 1. Building address including post code:   Click here to enter text. | | |
| 1. Registered address (if different from above):   Click here to enter text. | | |
| 1. Telephone Number: Click here to enter text. | | |
| 1. Name and email of contact for this application:   Click here to enter text. | | |
| 1. Name and email of accounts contact (if different from above):   Click here to enter text. | | |
| 1. Name and email of compliance contact (if different from above):   Click here to enter text. | | |
| 1. Website address: Click here to enter text. | | |
| 1. Company Registration Number: Click here to enter text. | | |
| 1. Information Commissioners Registration No UK or local equivalent | | |
| 1. Previous names under which the firm has traded in the past 10 years:   Click here to enter text. | | |
| 1. Legal status of applicant: Choose an item. | | |
| If other, please provide details: Click here to enter text. | | |
| 1. Are you directly authorised by a local regulator (e.g. the Financial Conduct Authority)? If yes please give details and any reference numbers for your firm and individuals where appropriate and provide the address to your registration on the regulators web-site : Click here to enter text. | | |
| 1. Regulators Web-site address Click here to enter text. | | |
| 1. Are you an Appointed Representative? (If yes, please give details and attach confirmation from your Principal that you have authority to enter into an agreement with ourselves: Click here to enter text. | | |
| 1. Has any application by the applicant or director of the applicant, for membership of any professional body ever been refused, cancelled, declined or withdrawn (if yes, please provide details):   Click here to enter text. | | |
| 1. Are you members of any other professional/trade bodies such as BIBA? (if yes, please provide details):   Click here to enter text. | | |
| 1. Please attach confirmation from your Professional Indemnity insurers of your cover and state: | | |
| 1. The indemnity: Click here to enter text. | | |
| 1. The inception date: Click here to enter a date. | | |
| 1. The expiry date: Click here to enter a date. | | |
| 1. Details of any terms/exclusions: Click here to enter text. | | |
| 1. Details of any claims or circumstance known which could give rise to a claim in the past 10 years:   Click here to enter text. | | |
| 1. Total number of staff (including part time): Click here to enter text. | | |
| 1. Directors/who owns the share capital (>10%) of the applicant: | | |
| Director / Shareholders Name | Director? | Shareholding % |
| 1. Click here to enter text. | Choose an item. | Click here to enter text. |
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| 1. Are you authorised to hold client money? If no, please give details on how you intend to hold monies on behalf of the insured:   Click here to enter text. | | |
| 1. How many signatories are required to withdraw funds from your premium accounts: Click here to enter text. | | |
| 1. Have you any existing facilities/delegated authorities with Lloyd’s Syndicates either direct or through Lloyd’s Brokers (if yes, please provide details):   Click here to enter text. | | |
| 1. Has any Insurer, Lloyd’s Syndicate, Coverholder or Broker (Lloyd’s or otherwise) refused or withdrawn your TOBA, delegated authority, or any other facility (if yes, please provide details):   Click here to enter text. | | |
| 1. Has any Director, Partner or Executive ever been declared bankrupt or entered a composition with creditors, or been subject to any disciplinary action, or has a criminal conviction not disclosed to their regulatory body? (if yes, please provide details):   Click here to enter text. | | |
| 1. Has any Director or Executive or Owner have any close affiliations or personal links to any political officers or officials or their close relatives? (if yes, please provide details); Click here to enter text. | | |
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| 1. Do you verify your clients’ identity? | Choose an item. | |
| 1. Do you check clients against appropriate sanctions lists? | Choose an item. | |
| 1. Do you undertake checks to comply with money laundering regulations? | Choose an item. | |
| 1. Do you have anti-bribery and corruption procedures in place? | Choose an item. | |
| 1. Do you have data protection procedures in place? | Choose an item. | |
| 1. Do you have a treating customers fairly procedure in place? | Choose an item. | |
| 1. Do you perform credit checks on your clients? | Choose an item. | |

Independent Broking Solutions Limited reserves the right to request further information in relation to the above and, where necessary, will perform their own on-boarding client checks, including credit checks on businesses and individuals.

I confirm that I have authority to provide the above information on behalf of the application and authorise you to make any enquiries you may deem necessary in connection with this application. I confirm that the information supplied is complete and accurate to the best of my knowledge. We will notify Independent Broking Solutions Limited immediately of any material change in circumstance which would have an effect on the information provided within this application.

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| --- | --- |
| Name in full: Click here to enter text. | Position: Click here to enter text. |
| Signature: | Date: Click here to enter a date. |

Please ensure all questions are answered in full before printing, signing, and then email a scanned copy to: [ibsinfo@isgrp.co.uk](mailto:ibsinfo@isgrp.co.uk) and [jonathan.sprules@isgrp.co.uk](mailto:jonathan.sprules@isgrp.co.uk)

**PLEASE ATTACH ADDITIONAL PAGES AS REQUIRED**