

APPLICATION TO TRANSACT BUSINESS WITH COMPASS FRIENDLY SOCIETY LIMITED

Please complete the Form and return it to Compass Friendly Society Limited at the address below.

Business Details

Full Name of Business (as registered with FSA)	<input style="width:95%;" type="text"/>		
Trading Name (if different from above)	<input style="width:95%;" type="text"/>		
Address of Company	<input style="width:95%;" type="text"/>		
	<input style="width:95%;" type="text"/>		
Postcode	<input style="width:15%;" type="text"/>		
Telephone	<input style="width:15%;" type="text"/>	Fax <input style="width:15%;" type="text"/>	E-mail <input style="width:25%;" type="text"/>
Type of Business	Limited Company <input type="checkbox"/>	Partnership <input type="checkbox"/>	Sole Trader <input type="checkbox"/>
	Other <input type="checkbox"/>		
If Other - please specify	<input style="width:95%;" type="text"/>		

Nature of Business

IFA <input type="checkbox"/>	Insurance Broker <input type="checkbox"/>	Solicitor <input type="checkbox"/>	Accountant <input type="checkbox"/>	Bank <input type="checkbox"/>	Other <input type="checkbox"/>
If Other - please specify	<input style="width:95%;" type="text"/>				

Authorisation

Are you a registered member of the FSA ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If No, have you applied for membership ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, please give FSA Firm Reference Number	<input style="width:50%;" type="text"/>				

Client Money Regulations

Are you authorised to handle Client Money ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Professional Indemnity Cover

Do you maintain Professional Indemnity Insurance ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If Yes - please state amount of cover	<input style="width:15%;" type="text"/>
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Application

I/we hereby apply to transact business with Compass Friendly Society Limited and confirm that :-			
<ul style="list-style-type: none"> • I am/we are authorised to carry on investment business and in particular to give advice and make arrangements for individual life insurance contracts. • I/we have read the Terms of Business for Intermediaries and agree to be bound by them. 			
Signature	<input style="width:40%;" type="text"/>	Date	<input style="width:35%;" type="text"/>
Full name	<input style="width:40%;" type="text"/>	Status	<input style="width:35%;" type="text"/>

Compass Friendly Society Limited
 Old Bank House, 59 High Street, Odiham, Hampshire
 RG29 1LF
 Telephone: 01256 701750 Fax: 01256 704717
 Email: info@compass-fs.co.uk

Authorised and Regulated by the
 Financial Services Authority