

# INTRODUCER REGISTRATION FORM

## REGISTRATION FORM GUIDELINES

Please complete this form to register your company as an introducer with HUB Financial Solutions Limited ("HUB Financial Solutions").

When you've completed the form, please return a signed copy – along with a sheet of your company's headed paper - to:

HUB Financial Solutions Limited, 3rd Floor Arena Building, 85 Ormeau Road, Belfast, BT7 1SH.

Please note that we'll need the form to be signed by someone who is authorised to sign an Introducer Agreement on behalf of your company.

If your company is an Appointed Representative, please contact your Principal Firm as we'll need to set up the agreement with them.

Before submitting business to HUB Financial Solutions, please read the [Introducer Terms of Business \(financial intermediaries\)](#) or the [Introducer Terms of Business \(other introducers\)](#) and our [Privacy Policy](#). If you prefer, we can send you copies of these documents by email or post.

## 1 YOUR COMPANY'S DETAILS

Company name	<input type="text"/>		
Contact name	<input type="text"/>		
Trading address	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
	County	<input type="text"/>	Postcode <input type="text"/>
Telephone number	<input type="text"/>		
E-mail address	<input type="text"/>		
Website address	<input type="text"/>		
Company type	<input type="checkbox"/> Financial adviser/broker		
	<input type="checkbox"/> Accountant		
	<input type="checkbox"/> Lawyer/Solicitor		
	<input type="checkbox"/> Estate Agent		
	<input type="checkbox"/> Care provider		
FCA reference number (if you have ticked 'Financial adviser/broker' above)	<input type="text"/>		

Registered office  
address (if different  
from trading address  
on previous page)

County		Postcode	

Company registration  
number

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Type of Business to be  
introduced to HUB  
Financial Solutions  
(please tick all that apply)

- ☐ Life & pensions (retirement income)
- ☐ Equity release
- ☐ Long-term insurance (care funding)

Are you authorised by your company to sign an Introducer Agreement on behalf  
of your Company?

- ☐ Yes
- ☐ No

If 'no', please remember that this form will need to be signed by someone who is authorised to sign an  
Introducer Agreement on behalf of your company. Please enter their details below.

Authorised signatory's  
name

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Authorised signatory's  
telephone number

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Authorised signatory's  
email address

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## 2 APPOINTED REPRESENTATIVES

Only complete this section if the company in section 1 is the Principal Firm for any Appointed  
Representatives. Please tick only one box.

- ☐ Please register the Principal Firm only
- ☐ Please register the Principal Firm and the Appointed Representatives of this firm

### 3 BANKING DETAILS

We'll send Introducer Fee payments by BACs (electronic transfer). Please provide your company's banking details below.

Bank/Building society name			
Account name*			
Account number		Sort code	
Building society reference			

\*Please note that we will only send Introducer Fee payments to the Principal Firm's bank account. We're not able to send Introducer Fee payments to Appointed Representative bank accounts.

### 4 FITNESS AND PROPRIETY

	Yes	No
Has the firm been refused, had revoked, restricted or terminated any licence, authorisation, notification, membership or other permission granted by a regulatory body in the last 3 years?	<input type="checkbox"/>	<input type="checkbox"/>
Has the firm been subject to any investigations and enforcement action taken by a regulatory body in the last 3 years? Or are there any material matters subject to on-going communication?	<input type="checkbox"/>	<input type="checkbox"/>
Are there any current or pending legal disputes that you believe we should be made aware of (including conviction(s) against any partner, director, employee or agent of the firm?	<input type="checkbox"/>	<input type="checkbox"/>
Are there any other regulatory issues about which you believe HUB-FS should be made aware of?	<input type="checkbox"/>	<input type="checkbox"/>
Have any sanction(s) been imposed by the Advertising Standards Agency in the last 3 years or are there any material matters subject to on-going communication?	<input type="checkbox"/>	<input type="checkbox"/>
Has the firm had any material data protection breaches in the last 3 years?	<input type="checkbox"/>	<input type="checkbox"/>
To the best of your knowledge, are there any conflicts of interest between your organisation, it's senior management or it's employees and HUB-FS, it's senior management or HUB-FS's employees?	<input type="checkbox"/>	<input type="checkbox"/>
Are any of the firms activities associated to high risk or unregulated investment business?	<input type="checkbox"/>	<input type="checkbox"/>
Does the firm have any association to the gambling or gaming industry?	<input type="checkbox"/>	<input type="checkbox"/>

**If you've answered 'yes' to any of the above questions, please provide additional information on a separate sheet.**

## 5 DATA PROTECTION

Your company must be able to process data in accordance with the Data Protection Act 1998 or other relevant data protection legislation. Please provide and/or confirm the following:

Your Information Commissioner's Office (ICO) registration number

- ☐ I confirm that my company's data protection registration is current and has not expired and my company's data protection registration will expire on:

- ☐ I confirm that my company's data protection registration records the same address as our registered office address or trading address.

- ☐ I confirm that my company has the appropriate processes, procedures and record-keeping arrangements in place to obtain explicit consent from the data subject to share their personal data (including any sensitive personal data) with HUB Financial Solutions for the purposes of providing the service(s) selected in section 1.

From time to time, we'd like to tell you about our services which we believe will be of interest to you. Would you like to receive this information:

- ☐ By email?  
☐ By phone?  
☐ By post?  
☐ By SMS?

## 6 DECLARATION AND ACCEPTANCE OF TERMS AND CONDITIONS

- ☐ I confirm that the information provided in this form is true and accurate and that I am authorised by my company (detailed in section 1 above) to complete forms of this nature. If any of the above information should change in the future, I confirm that HUB Financial Solutions will be notified within two (2) Business Days of such changes occurring.

- ☐ I confirm that I, on behalf of my company (detailed in section 1 above), have read, understood and agree to HUB Financial Solutions' Terms and Conditions of Business for Introducers.

Print name

Business Title

Signature

Date

**Signed on behalf of HUB Financial Solutions Limited**

Print name

Business Title

Signature

Date