



The **Principal** Solution for Mortgage Intermediaries



**Individual Adviser
And/Or Controller Application**

Please complete all sections of this form using BLOCK CAPITALS and black ink. The information on this form may be captured by computer. Please initial any amendments. Please read through all the questions and explanatory notes carefully before completing this form.

Guidance Notes

All dates should be written in the dd/mm/yyyy format. If a question is NOT APPLICABLE, please indicate clearly. Where a No/Yes answer is required, please place a cross 'X' in the appropriate box. For detailed answers please use the Supplementary Information Sheets on the back page of the form. Any additional information submitted with this form must be signed and dated.

Any information supplied on this form will be subject to verification. If this reveals that relevant information has been omitted, either intentionally or through lack of care, or that the information is false, inaccurate or misleading, processing times will lengthen and in some cases the application may be rejected.

At any time after receiving an application and before determining whether the application is to be accepted, HomeLoan Partnership may require you to provide further information.

In all circumstances, disclosures must be full, frank and unambiguous. If you are in doubt about the relevance of any information, such information should be included. The firm should verify the information supplied by the adviser wherever possible.

HOMELoAN PARTNERSHIP MUST BE INFORMED IMMEDIATELY OF ANY CHANGES TO THE INFORMATION PROVIDED IN THIS APPLICATION FORM WHICH ARISE BEFORE THE APPLICATION HAS BEEN DETERMINED. ALL CHANGES MUST BE COMMUNICATED TO HOMELoAN PARTNERSHIP IN WRITING. FAILURE TO NOTIFY HOMELoAN PARTNERSHIP MAY RESULT IN DELAY IN PROCESSING AND/OR REJECTION OF THE APPLICATION.

Section One - Adviser Details

1) Your details:

Title: Mr Mrs Miss Ms Other

Surname:

ALL Forenames:

Date of Birth:

Nationality

Place of Birth:

Previous Name (any former surnames or forenames; or any other names known by):

Surname:

ALL Forenames:

Date of Change:

Reason for Change:

National Insurance Number:

If you are or have been FSA Registered, provide your personal number:

Home Address:

Please state dates resident at your current address:

from:

to:

If less than three years please also give details of your previous address

Current Address:

House Number:

Postcode:

Street Name:

Town/City:

Telephone number including STD code:

STD Code:

Number:

Mobile Phone Number:

Email Address if different from that of the firm:

Preferred method of contact:

Post

Fax

Phone

Email

Previous Address:

Dates of occupancy: From

 / /

to

 / /

House Number:

Postcode:

Street Name:

Town/City:

Please use back page of form to supply further address information

Proof of Identity and Address

Please provide a photocopy of one of the following:

Passport/Driving Licence - Cross here to confirm that you have enclosed a copy of your passport/driving licence:

Please also provide a photocopy of proof of address e.g. utility bill or equivalent
Cross here to confirm that you have enclosed a copy of your proof of address:

Section Two - Qualifications

2) Please indicate which qualifications you hold:

CeMAP 1

CeMAP 2

CeMAP 3

CF 6

Bridge/MAQ

CF 1/FPC 1

FPC 2

FPC 3

Other, Please specify:

and provide copies of the relevant certificate(s) of qualification.

Cross here to confirm that you have enclosed certificate(s) of qualification:

Section Three - Employment History - Last 10 Years

You must provide a full 10 year employment history with all gaps explained. If your employment does not go back 10 years, all periods of education and unemployment should be indicated. Full details of any periods of self employment should also be included. Where relevant, please give the address of the actual place of employment, in addition to a central head office. The employment history should be provided in reverse chronological order, starting with your current or most recent period of employment/education etc. State the position you hold/held and a brief explanation of duties. If your job title includes the word "director" but your duties did not include those associated with the title director, as defined by the Companies Act 1985 (as amended), this should be indicated. Your reason for leaving each employer must be given. If there were any issues arising on leaving you must explain them in full. Previous employers and/or Accountants may be contacted and omission of relevant details on the form may result in delay, and possible rejection of your application.

If there is insufficient space to complete a 10 year history, please use Supplementary Information Section on the back of this form.

3) Current/Most Recent Employment: Please confirm that it is acceptable to contact this company for a reference: No Yes

From: / / To: / /

Employed Self Employed Unemployed Full-Time Education (If Self Employed, please provide contact details of Accountant)

Contact Name:

Name of Firm:

Previous/Other Names of Firm:

Nature of Business:

Is/was the firm regulated by a regulatory body? No Yes

If Yes, name the regulatory body:

Was the Firm an AR?: No Yes If yes, name of Principal

Address:

Office Number: Postcode:

Office Name:

Street Name:

Town/City:

Telephone number including STD code:

STD Code: Number:

Fax number including STD code:

STD Code: Number:

Email Address:

Position held:

Responsibilities:

Reason for leaving:

4) Previous Employment [1]:

From: / / To: / /

Employed Self Employed Unemployed Full-Time Education

(If Self Employed, please provide contact details of Accountant)

Contact Name:

Name of Firm:

Previous/Other Names of Firm:

Nature of Business:

Is/was the firm regulated by a regulatory body? No Yes

If Yes, name the regulatory body:

Was the Firm an AR?: No Yes If yes, name of Principal

Address:

Office Number: Postcode:

Office Name:

Street Name:

Town/City:

Telephone number including STD code:

STD Code: Number:

Fax number including STD code:

STD Code: Number:

Email Address:

Position held:

Responsibilities:

Reason for leaving:

5) Previous Employment [2]:

From: / / To: / /

Employed Self Employed Unemployed Full-Time Education

(If Self Employed, please provide contact details of Accountant)

Contact Name:

Name of Firm:

Previous/Other Names of Firm:

Nature of Business:

Is/was the firm regulated by a regulatory body? No Yes

If Yes, name the regulatory body:

Was the Firm an AR?: No Yes If yes, name of Principal

Address:

Office Number: Postcode:

Office Name:

Street Name:

Town/City:

Telephone number including STD code:

STD Code: Number:

Fax number including STD code:

STD Code: Number:

Email Address:

Position held:

Responsibilities:

Reason for leaving:

6) Previous Employment [3]:

From: / / To: / /

Employed Self Employed Unemployed Full-Time Education

(If Self Employed, please provide contact details of Accountant)

Contact Name:

Name of Firm:

Previous/Other Names of Firm:

Nature of Business:

Is/was the firm regulated by a regulatory body? No Yes

If Yes, name the regulatory body:

Was the Firm an AR?: No Yes If yes, name of Principal

Address:

Office Number: Postcode:

Office Name:

Street Name:

Town/City:

Telephone number including STD code:

STD Code: Number:

Fax number including STD code:

STD Code: Number:

Email Address:

Position held:

Responsibilities:

Reason for leaving:

Section Four - IT System

Please note that it is a Network requirement that an I.T. system is in place to enable you to meet our Network Procedures. If you are unsure you will meet the required specifications, then please contact our I.T. Support on 01903 602664.

8) What backup procedures do you have?

CD-R/RW
 DVD-R/RW
 DAT
 Travan
 ZIP
 None
 Other Please specify

Section Five - Fitness & Propriety

Answer the questions by crossing the relevant box. Where the answer to any of the questions is Yes, please give complete details on the Supplementary Information Sheets.

9) Do you have any unspent convictions in respect of any criminal offence of dishonesty, fraud, financial crime or violence? Spent convictions for relevant offences must be disclosed in accordance with the rehabilitation of offenders Act 1974 (Exceptions) Order 1975.

No Yes

10) Are you currently the subject of any current criminal proceedings?

No Yes

11) Do you have any unspent convictions in respect of any offence under legislation relating to:

a) Banking?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
b) Financial Services?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
c) Companies Act?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
d) Insurance?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
e) Consumer Protection?	No <input type="checkbox"/>	Yes <input type="checkbox"/>

12) Are you currently subject to any charges, civil proceedings or litigation in respect of offences under legislation relating to:

- a) Banking? No Yes
- b) Financial Services? No Yes
- c) Companies Act? No Yes
- d) Insurance? No Yes
- e) Consumer Protection? No Yes

13) Are there currently any outstanding judgement debts or awards (whether in full or in part) against you?

No Yes

14) Have you or any firm of which you have been a director, partner or controller, in the last 5 years been the subject of any:

- a) Bankruptcy? No Yes
- b) Insolvency? No Yes
- c) Liquidation proceedings? No Yes

15) Please provide details of all existing authorisations or appointments held by you in the financial services sector.

16) Have you ever had the right to carry on any trade, business or profession for which specific licence, authorisation, registration membership or other permission is required:

- a) Refused? No Yes
- b) Restricted? No Yes
- c) Terminated? No Yes

17) Are you currently the subject of any disciplinary investigation by a regulator, government body, agency, employer or other FSA authorised firm?

No Yes

18) In the past 5 years, have you been the subject of any disciplinary investigation by a regulator, government body, agency, employer or other FSA authorised firm?

No Yes

Section Six - Firm Details

Contact Details For The Firm

This section should include the name of the firm and details of the individual we can contact about any information supplied in this application pack. This must be someone at the firm.

19) Please quote the firm's HomeLoan Partnership Appointed Representative Number:

20) Full Name Of The Firm:

21) Principal Contact: Title: Mr Mrs Miss Ms Other

Surname:

Forenames:

22) Job Title Of Principal Contact

23) Office Address Of Principal Contact

Office Number: Postcode:

Office Name:

Street Name:

Town/City:

24) Direct telephone number of Principal Contact including STD code:

STD Code: Number:

25) Mobile Phone Number of Principal Contact:

26) Fax Number Of Principal Contact including STD Code:

STD Code: Number:

27) Email Address Of Principal Contact

Preferred method of contact: Post Fax Phone Email

Section Seven - Adviser/Controller Declaration

For the purposes of complying with the Data Protection Act, the personal information provided in this form will be used by HomeLoan Partnership, or its designated Appointed Representative, to discharge its obligations as a Principal Network as defined by the FSA and other relevant legislation, and will not be disclosed for any other purpose without the permission of the applicant.

By completing and signing this application form the adviser agrees to be bound by FSA regulations (including the provisions relating to appropriate arbitration/ombudsman schemes) and the terms of appointment and procedures notified by HomeLoan Partnership, as amended from time to time.

I declare that the information supplied in this form is complete and correct to the best of my knowledge and belief, and that there are no other relevant facts of which HomeLoan Partnership should be aware. I understand that checks may be made to verify the answers I have given. I also authorise HomeLoan Partnership to make such enquiries and seek such further information as it thinks appropriate from time to time. I understand that the information I have provided may be disclosed to one or more licensed credit reference agencies for the purpose of allowing a search of their records and that the credit reference agencies may keep a record of HomeLoan Partnership's enquiry.

Signature:

Date: / /

Print full name:

As a member of HomeLoan Partnership you will receive regular communications regarding regulatory requirements and activities.

We may, from time to time, make your details available to carefully screened companies who may be of interest to you. However, if you specifically do not wish your details to be passed to third parties please cross here.

Section Eight - Firm Declaration

This must be signed by the **firm's most senior manager/director**, or where the firm is a large corporate organisation, by the director responsible for Compliance, to whom the firm has delegated responsibility for signing such warranties.

On behalf of the registered firm, I warrant and understand that the adviser named on this application is authorised to act as a representative of (insert name of AR Firm here)

or any and all other Appointed Representative Firms appointed by HomeLoan Partnership.

Signature:

Date: / /

Title: Mr Mrs Miss Ms Other

Print full name:

Section Nine - Checking Your Application

In order to avoid your application being returned, please ensure that you have completed all sections correctly and enclosed copies of your:-

Certificate(s) of Qualification

Passport or Driving Licence

Proof of address

Any supplementary information where necessary

Supplementary Information

Please ensure that the firm enters the question number to which the information relates. Where applicable, please include:

- the date(s) of the event;
- the amount(s) involved;
- the outcome; and
- any relevant or explanatory circumstances



V2/03/07