

Appointed Representative Application Form

Sole Trader



Appointed Representative Application

Guidance Notes

Please complete all sections of this form using BLOCK CAPITALS and black ink. Please read through all the questions in their entirety before attempting to answer them and all explanatory notes carefully before completing this form.

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 'X' in the appropriate box. For detailed answers please use the Supplementary Information Sheets at the back of the form.

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 the firm 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.

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—Firm Details

This section should include the details of the firm and yourself as the Sole Trader. This will be the primary contact information that we will use when processing your application.

Full Name Of The Firm:

Your name: Title: Mr Mrs Miss Ms Other

Surname:

Forenames:

3) Office Address

Office Number: Postcode:

Office Name:

Street Name:

Town / City:

Your Direct Business Telephone Number including STD code:

STD Code: Number:

Your Business Mobile Phone Number:

Business Fax Number of Principal Contact including STD Code:

STD Code: Number:

Main Business Email Address:

Website Address:

Preferred method of contact: Post Fax Phone Email

Telephone Number of Head Office including STD Code (If different from your direct telephone number)

STD Code: Number:

Section Two—Personal Details

Home Address

Please provide a full 3 year address history

Current Address:

When did you move to your current address?:

House Number:

Postcode:

Street Name:

Town / City:

Home Telephone Number including STD Code

STD Code:

Number:

Mobile Phone Number (if different from your business Mobile number):

Email Address (if different from that of the firm):

Previous Address [1]:

Dates of occupancy:

From:

To:

House Number:

Postcode:

Street Name:

Town / City:

Previous Address [2]:

Dates of occupancy:

From:

To:

House Number:

Postcode:

Street Name:

Town / City:

Please use the Supplementary Information page to supply further address information

Proof of Identity and Address

Please provide a photocopy of the following:

Either your Passport or Photo-Card Driving Licence; and

Proof of Address such as a copy of a Utility Bill or Bank Statement dated within the last 3 months, or your most recent Council Tax Demand.

Please indicate whether these are:

Enclosed with Application

To follow

Other Details

Date of Birth:

Place of Birth:

Nationality:

National Insurance Number:

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

Surname:

ALL Forenames:

Date of Change:

Reason for Change:

Section Three—Your Experience

Qualifications

Please indicate the qualifications that you hold:

CeMAP Paper 1	<input type="checkbox"/>	FPC / CFP Paper 1	<input type="checkbox"/>	Adv CeMAP	<input type="checkbox"/>
CeMAP Paper 2	<input type="checkbox"/>	FPC / CFP Paper 2	<input type="checkbox"/>	CeMAP Bridge	<input type="checkbox"/>
CeMAP Paper 3	<input type="checkbox"/>	FPC / CFP Paper 3	<input type="checkbox"/>	MAQ	<input type="checkbox"/>

Please note and other relevant qualifications such as Lifetime / Commercial / Insurance qualifications:

Please supply copies of your qualification certificates.

Please indicate whether these are: Enclosed with Application To follow

Experience

How long have you been advising on mortgages and / or insurance?

Mortgages: Years: Months:
 Insurance: Years: Months:

What is your current advisor status?

Trainee Advisor
 Competent Advisor

If Competent Advisor, what date did you achieve Competent Advisor Status? / /

Have you ever been registered as an individual on the FSA Register?

No Yes

If 'Yes' please provide your Individual Reference Number (IRN):

Section Four—Your Business and Finance

Is your firm a new start up?

No Yes

If 'No' when did your firm begin trading? /

Does the firm currently carry on insurance and / or mortgage business in the United Kingdom?

No Yes

If yes, when did the firm begin carrying on Mortgage Business? / and;

When did the firm begin carrying on Insurance business? /

Cross ONE of the choices provided below which best describes the main nature of your business:

Mortgage Broker Insurance Broker Packager Estate Agent
 Other Please specify

How many of your staff (including principals / owners) are involved in mortgage advising and arranging?

How many of your staff perform non-advising roles (eg. Administrators / Para planners)?

Financial Information

Is the firm up to date with its dealings with the HM Revenue & Customs? No Yes

How are your accounts dealt with?

Self Assessment By accountant

Please indicate what your Account Reference Date is? /

The Accounting Reference date is the date to which the firm prepares its annual accounts

Is the firm VAT Registered No Yes

If Yes, please state VAT number:

Please supply copies for the last 3 years of one of the following. Either;

- Accounts; or
- Inland Revenue Approved Accounts; or
- Self Assessment Forms

Please indicate whether these are: Enclosed with Application To follow

If, for any reason, you cannot supply these, please explain in the Supplementary Information section.

Please supply a copy of the firm's Business Plan / Forecast for the next 12 months.

Please indicate whether this is: Enclosed with Application To follow

A simple template is available for your use if needed. Please let us know if you require this.

Does the firm charge a fee for mortgage advice? No Yes If Yes, please supply your fee agreement.

Please indicate whether this is: Enclosed with Application To follow

Please state your total turnover for the last financial year: £

Please indicate what percentage of your turnover was made up of Broker Fees: %

Bank Account Details (for payment of procuration fees and commissions)

Account Name:

Sort Code:

Account Number:

Consumer Credit Licence

You are required to hold a Consumer Credit Licence (CCL) covering at least Categories C, D1 & E1. Please provide your licence number and enclose a copy of the certificate when returning this application.

Licence Number: Please indicate whether this is: Enclosed To follow

Please list any additional trading names the firm uses: (Please note the CCL should show ALL trading names / styles)

If you have more trading names, please continue on the Supplementary Information sheet.

Data Protection

It is a legal requirement that all firms that hold personal details, whether written or computerised, must be registered with the Information Commissioner's Office . Please enter your firm's registration number below and enclose a copy of the certificate when returning this form.

Licence Number: Please indicate whether this is: Enclosed To follow

Regulated Status

Has the firm ever been registered with the FSA? No Yes

If yes, what is the firms FSA Reference Number?

Has the firm ever had an FSA visit? No Yes

If Yes, please supply a copy of the report or findings.

Please indicate whether this is: Enclosed with Application To follow

How is the firm currently authorised to conduct business?

Directly Authorised Appointed Representative

If Appointed Representative, please complete the below Network Reference information:

Full Name Of The Network:

Dates of your membership? From: To:

Please confirm that it is acceptable to contact this company for a reference: No Yes

What class(es) of business are you authorised to transact through this network?

Mortgages Insurance Investment Business Other

Principal Contact: Title: Mr Mrs Miss Ms Other

Surname:

Forenames:

Office Number: Postcode:

Office Name:

Street Name:

Town / City:

Network's Telephone Number including STD code:

Networks's Fax Number including STD code:

Networks's Email Address:

Previous Network

If you were a member of a previous network in the last 5 years, please provide details.

Full Name Of The Network:

Dates of your membership? From: To:

What class(es) of business are you authorised to transact through this network?

Mortgages Insurance Investment Business Other

Principal Contact: Title: Mr Mrs Miss Ms Other

Surname:

Forenames:

Office Number: Postcode:

Office Name:

Street Name:

Town / City:

Network's Telephone Number including STD code:

Networks's Fax Number including STD code:

Networks's Email Address:

Professional Reference

Please provide details of your current Accountant, your Solicitor or someone who has known you in a professional capacity who could provide a reference.

Full Name Of Firm:

Dates they have known or been associated with you? From: To:

Principal Contact: Title: Mr Mrs Miss Ms Other

Surname:

Forenames:

Office Number: Postcode:

Office Name:

Street Name:

Town / City:

Telephone Number including STD code:

Fax Number including STD code:

Email Address

Section Five—10 Year Employment History

Please provide a full and accurate **10 year** employment / self employment history in reverse chronological order (ie current / most recent details first). Any gaps in employment, periods of unemployment or time in full-time education should be indicated and explained where necessary.

Where relevant, please give the address of the actual place of employment, in addition to a central head office. 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. If there were any issues arising on leaving you must explain them in full.

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

Current / Most Recent Employment:

Please confirm that it is acceptable to contact this company for a reference: No Yes

Dates of employment From: / / To: / /

Employed Self Employed Unemployed Full-Time Education

If self-employed, please provide details of accountant or any company that you are contracted to.

Contact Name

Firm Name:

Nature of Business:

Is / Was the firm regulated by a regulatory body? No Yes If 'Yes' please state

Was the firm an Appointed Representative? No Yes If 'Yes', name principal

Position Held:

Responsibilities:

Reason for leaving:

Contact Details

Office Number: Postcode:

Office Name:

Street Name:

Town / City:

Telephone Number including STD code:

Fax Number including STD code:

Email Address:

Previous Employment [1]:

Dates of employment From: To:

Employed Self Employed Unemployed Full-Time Education

If self-employed, please provide details of accountant or any company that you are contracted to.

Contact Name

Firm Name:

Nature of Business:

Is / Was the firm regulated by a regulatory body? No Yes If 'Yes' please state

Was the firm an Appointed Representative? No Yes If 'Yes', name principal

Position Held:

Responsibilities:

Reason for leaving:

Contact Details

Office Number: Postcode:

Office Name:

Street Name:

Town / City:

Telephone Number including STD code:

Fax Number including STD code:

Email Address:

Previous Employment [2]:

Dates of employment From: / / To: / /

Employed Self Employed Unemployed Full-Time Education

If self-employed, please provide details of accountant or any company that you are contracted to.

Contact Name

Firm Name:

Nature of Business:

Is / Was the firm regulated by a regulatory body? No Yes If 'Yes' please state

Was the firm an Appointed Representative? No Yes If 'Yes', name principal

Position Held:

Responsibilities:

Reason for leaving:

Contact Details

Office Number: Postcode:

Office Name:

Street Name:

Town / City:

Telephone Number including STD code:

Fax Number including STD code:

Email Address:

Previous Employment [3]:

Dates of employment From: / / To: / /

Employed Self Employed Unemployed Full-Time Education

If self-employed, please provide details of accountant or any company that you are contracted to.

Contact Name

Firm Name:

Nature of Business:

Is / Was the firm regulated by a regulatory body? No Yes If 'Yes' please state

Was the firm an Appointed Representative? No Yes If 'Yes', name principal

Position Held:

Responsibilities:

Reason for leaving:

Contact Details

Office Number: Postcode:

Office Name:

Street Name:

Town / City:

Telephone Number including STD code:

Fax Number including STD code:

Email Address:

Section Six—Assets & Liabilities

Please complete the below table which identifies the most common personal assets and liabilities. Others which are not specifically identified should be included with a short description. Investments should include only readily realisable securities and unit trusts.

You should include the current value of any investment used as a vehicle to repay a mortgage loan. You should not include the value of any personal pensions nor any value for the goodwill or assets of your firm, unless it is in the form of a readily realisable security.

If you have given any personal guarantees to a third party, e.g. to secure business liabilities these should be described and the maximum liability disclosed. Any other contingent liabilities should also be included; e.g. prospective calls on Lloyd's named.

Assets	Value	Liabilities	Value
Value of house [Single / Joint Ownership]	£	Main Mortgage	£
Total value of other properties	£	Total Other Mortgages	£
Office Assets	£	Loan 1 [secured / unsecured]	£
Motor Vehicles (estimated market value)	£	Loan 2 [secured / unsecured]	£
Investments	£	Loan 3 [secured / unsecured]	£
Bank Balance(s)	£	Motor Vehicle Finance	£
Cash Deposits	£	Overdraft(s)	£
Debtors	£	Total Credit Card Balance(s)	£
Other (Please specify below)		Other (Please specify below)	
	£		£
	£		£
	£		£
	£		£
TOTAL ASSETS	£	TOTAL LIABILITIES	£

Section Seven—Disclosure

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 Sheet.

Do you have any 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

Are you currently the subject of any current criminal proceedings?

No Yes

Are you, or have you ever been the subject of an investigation by the FSA, any other Regulator, network or employer?

No Yes

Do you have any unspent convictions in respect of any offence 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

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

Are there currently any outstanding judgement debts or awards (whether in full or in part) against you? (Eg. County Court Judgements)

No Yes

Have any settlements been entered into in the last 5 years, whether or not on an ex-gratia basis, to avoid legal action being brought against you or to avoid publicity?

No Yes

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
- d) Dissolution? No Yes
- e) Proposal to Strike Off? No Yes

Please provide details of all existing / previous authorisations or appointments held by you (eg. Directorships / Partnerships) in the financial services sector:

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

Are you now or have you ever been the subject of any disciplinary / enforcement action by a regulator, government body, agency, employer or other FSA authorised firm?

No Yes

Has the firm ceased trading in circumstances in which any of its creditors did not receive full payment?

No Yes

Have you ever had a complaint registered against you?

No Yes

If Yes, please provide full details in the supplementary Information section. Please ensure this includes the nature of the complaint and whether or not it was upheld.

Section Eight—Additional Information

Security Question

For the purposes of information security, please provide a security question and answer. Please ensure this is something memorable

Question:

Answer:

Document Checklist

We will require the following documents during the referencing process (as appropriate). Please enclose any that are available at the point of application.

- Copy of Passport / Drivers Licence
- Proof of Address
- Copies of qualification certificates
- 3 Years of Accounts / Self Assessment
- 2 Year Business Plan / Forecast
- Consumer Credit Licence
- Data Protection Certificate
- FSA Report (if applicable)
- Fee Agreement

Section Nine—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:

Supplementary Information

Please supply any additional information to support your application below. Continue on the reverse of this form and on any separate sheet/s as necessary.

A large, stylized graphic element in a light yellow color. It consists of two main parts: on the left, a shape resembling a capital letter 'H' with rounded corners and a thick stroke; on the right, a shape resembling a capital letter 'P' with a thick stroke and a rounded top. The two shapes overlap slightly in the middle. The background is white.



HLP

HLP... altogether, a more personal approach www.homeloanpartnership.com