

APPLICATION FOR GENERAL AGENCY FACILITIES

This application must be completed fully using block capitals

1. Company details (address provided MUST be detailed on invoice)

Full trading name:	
Full trading address:	
Postcode:	
Telephone number:	

2. Status

Hereby made application, to Cigna European Services (UK) Limited (“Cigna Services”) as agent for and on behalf of the Cigna Life Insurance Company of Europe S.A.-N.V. (the “principal”), for appointment as an intermediary in the capacity of:

For the selling and servicing of General Insurance Policies of the Principal as defined in The Financial Services and Markets Act 2000 as amended by the Financial Services Act 2012. The applicant understands that the appointment as intermediary in the above capacity shall not commence until such time as Cigna is satisfied with the contents of this application, and has written to the applicant stating that it agrees to the appointment from a specific date.

3. Complete appropriate section according to status

FCA membership number:	
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4. Description of applicant

Public limited company		Private limited company		
Sole trader		Partnership		

5. Background and experience

Please state the full names of the Directors, Partners or Proprietor (use a separate sheet if necessary) and provide details of employment or other history supporting the applicants insurance knowledge and experience. Also indicate here any other insurers for whom you have sold policies or with whom you have had relevant experience:

(i)	
(ii)	
(iii)	
(iv)	

6. Criminal convictions

Has the applicant or any director, partner or controller thereof ever been found civilly liable by a court in the United Kingdom or elsewhere?	Yes:		No:	
If yes, please give details:				
Has the applicant or any director, partner, proprietor or controller thereof ever been convicted of any offence by any court, whether criminal, civil or military, in the United Kingdom or elsewhere?	Yes:		No:	
If yes, please give details:				

7. Intermediary's banking details

Commissions are normally paid by Direct Credit to your Bank Account and we send a separate statement. Please advise the following:

(i) Bank clearing code:	
(ii) Bank account number:	

8. Declaration

I/We confirm that the foregoing information is a true and correct reflection on the applicant's status.

I/We authorise Cigna to contact any individual or entity whose name has been provided in this application for the purpose of verifying the accuracy of the information and the applicant's suitability for appointment.

I/We confirm that I/we have read and accepted the terms and conditions as set out in the enclosed Terms of Business agreement, which I/we have retained for future reference.

Signed:	
Date:	
Name (BLOCK CAPITALS):	
On behalf of:	
Position held:	