



## Broker Information Sheet

## Contact Details

Registered name of the broker	<input type="text"/>
Trading name of the broker (if different from above)	<input type="text"/>
Address	<input type="text"/>
Executive director / officer (name, position)	<input type="text"/>
Commercial register	<input type="text"/>
Registration number with the commercial register	<input type="text"/>
Contact name(s)	<input type="text"/>
Office telephone(s)	<input type="text"/>
Fax	<input type="text"/>
Email address(es)	<input type="text"/>
Broker website	<input type="text"/>

## Business Details

**What is your expected business premium income for Globality Health products for the next 12 months?**

Individual (EUR, USD, GBP)	<input type="text"/>
Corporate (EUR, USD, GBP)	<input type="text"/>
Starting date of business of the broker	<input type="text"/>

**Do you have a Professional Liability Insurance in force?**

Yes

No

If yes, please indicate

Name of insurer	<input type="text"/>
Limit of indemnity	<input type="text"/>
Validity	from <input type="text"/> to <input type="text"/>

**Please provide the following details on your license in your home country.**

Supervisory authority	<input type="text"/>
Licence registration number	<input type="text"/>

**Bank account details for commission payment**

Name of bank	<input type="text"/>
Address	<input type="text"/>
Account name	<input type="text"/>
Account number	<input type="text"/>
Bank sort code (UK banks)	<input type="text"/>
IBAN number (European banks)	<input type="text"/>
Swift/BIC code	<input type="text"/>

Language of commision payment list  English  German  Spanish  French  Dutch  
via  Email  Post

## Declaration

**I confirm that all statements in this application are correct and accurate.**

Signed	<input type="text"/>
Date	<input type="text"/>
Name	<input type="text"/>
Title	<input type="text"/>

**Please attach the following documents for your application to be complete:**

- **Copy of your registration with the Commercial Register**
- **Certificate of professional liability insurance**
- **Copy of your license**