

Application Form

PLEASE COMPLETE THIS FORM IN BLOCK CAPITALS

1 Agency contact details

Full trading name _____
Contact name(s) _____
Registered trading address _____

Office telephone _____ COUNTRY CODE _____ AREA CODE _____
Fax _____ COUNTRY CODE _____ AREA CODE _____
Email address _____
Website _____

If you have been at the above address for less than three years, please give details of previous business address:

Registered trading name _____
Registered trading address _____

Please provide us with a list of names and job titles of all the brokers who will be selling Allianz Worldwide Care's products:

Mr. Mrs. Ms. Miss Other _____ First name _____
Surname _____
Job title _____
Mr. Mrs. Ms. Miss Other _____ First name _____
Surname _____
Job title _____
Mr. Mrs. Ms. Miss Other _____ First name _____
Surname _____
Job title _____
Mr. Mrs. Ms. Miss Other _____ First name _____
Surname _____
Job title _____

Please provide us with details of the contact person for general enquiries (e.g. commission statements):

First name _____
Surname _____
Email address _____

If there is not sufficient space for all brokers, please use another Application Form.



2 Executive directors/partners

We want to ensure that when we contact your business, we always speak to the right people and offer information on the products most relevant to them.

Please provide full name, home address (including postal code) and position in the company or firm of any executive directors, partners (within a partnership) and client contact staff.

Mr. Mrs. Ms. Miss Other _____ First name _____
Surname _____
Position in the company _____
Home address _____
(including postal code) _____

Mr. Mrs. Ms. Miss Other _____ First name _____
Surname _____
Position in the company _____
Home address _____
(including postal code) _____

Mr. Mrs. Ms. Miss Other _____ First name _____
Surname _____
Position in the company _____
Home address _____
(including postal code) _____

Mr. Mrs. Ms. Miss Other _____ First name _____
Surname _____
Position in the company _____
Home address _____
(including postal code) _____

Mr. Mrs. Ms. Miss Other _____ First name _____
Surname _____
Position in the company _____
Home address _____
(including postal code) _____

Mr. Mrs. Ms. Miss Other _____ First name _____
Surname _____
Position in the company _____
Home address _____
(including postal code) _____

If there is not sufficient space for all executive directors/partners, please use another Application Form.

3 Business details

3.1 How many years has the business been established? _____

3.2 Please give the registration no. _____

3.3 If it is a partnership, when was it formed? d d m m y y

3.4 How many staff do you employ? _____

3.5 Has the agency ever traded under any other title? Yes No

If yes, please give details:

Title _____

Business _____

3.6 (i) Is your agency a member of any professional body? Yes No

If yes, please give details:

Name of body _____

Registration/authorisation number _____

Date of joining d d m m y y

(ii) Is your agency a member of any self regulating organisation? Yes No

If yes, please give details:

Name of organisation _____

Registration/authorisation number _____

Date of joining d d m m y y

3.7 Has any Insurer or Professional Body ever:

(i) Refused your account facilities/membership? Yes No

If yes, please give details:

Name of insurer/body _____

Date of refusal d d m m y y

(ii) Cancelled or withdrawn your account facilities/membership? Yes No

If yes, please give details:

Name of insurer/body _____

Date of withdrawal/cancellation d d m m y y

Reason _____

3.8 Please insert the name and address of your Regulator:

Name _____

Address _____

Date of authorisation d d m m y y

I confirm that I have included a copy of the authorisation with this application.

3.9 Does your firm have a Professional Indemnity Policy in place? Yes No

If yes, please give details:

Name of underwriter _____

Limit of indemnity _____

Policy period from d d m m y y to d d m m y y

3.10 If applicable, please provide details of all agencies held with other insurance companies for reference purposes

4 Expected business volumes

In order to provide you with the best possible service and the most suitable products and services, please detail your **expected new business volumes** for the next 12 months with Allianz Worldwide Care:

Currency UK Sterling Euro US Dollars CHF Swiss Franc

Individual _____

Small/medium corporate _____

Large corporate _____

5 Legal information

Has your firm or any of the persons listed in sections 1 and 2 of this form:

- 5.1 Become subject to an **adverse finding**, whether past or pending, by a regulatory, trade, professional, public, industry or consumer body, or by any tax or government authority? Yes No
- 5.2 Been the subject of any **bankruptcy or insolvency proceedings**? Yes No
- 5.3 Had refused, suspended, withdrawn, or made subject to a non standard conditions or restrictions any licence, permission or authorisation to do any type of business? Yes No
- 5.4 Been a **defendant in any civil proceedings**, or party to any **arbitration** in relation to any **financial business** or the subject of **any criminal proceedings**? Yes No
- 5.5 Ceased trading in circumstances in which one or more of your/their creditors did **not receive full payment**? Yes No
- 5.6 Been **disqualified** from acting as a director of a company, or from acting on the management or conduct of affairs of any company, partnership or unincorporated association? Yes No
- 5.7 Been **convicted of a criminal offence**? (aside from car parking and careless driving offences) Yes No
- 5.8 Been charged with any offence involving **violence, fraud, or other criminal behaviour**? Yes No
- 5.9 Been involved, in your professional activity, in any dishonest undertaking or behaviour? Yes No
- 5.10 Had an application to represent an insurance office **refused**, or a previous agency **cancelled**? Yes No
- 5.11 Been subject to censure under any disciplinary proceedings of any regulatory authority? Yes No

If the answer to one of these questions is yes, please give full details below (Please use a separate sheet if necessary).

Question no.	Details

6 Anti corruption

Have you/your firm or any of the persons listed in sections 1 and 2 of this form:

- 6.1 Been convicted of violations of Anti-Bribery Laws in the past five years? Yes No
- 6.2 Had any business relationship with another company terminated in the last five years? Yes No
- If yes, please give reasons why the relationship was terminated.
- 6.3 Are you/your firm or any of the persons listed in sections 1 and 2 of this form located outside of the country in which services are to be provided? Yes No

7 Payment details

Commissions are normally paid by bank transfer to your bank account and we then issue a separate statement to you. If your bank is within the EU, or if your specific country requires an IBAN (e.g. Saudi Arabia, Angola, Tunisia, Turkey), please supply both your IBAN and BIC/Swift code to guarantee the payment of your commission. Please give the following details, including one preferred default currency, to ensure the smooth transfer of your funds:

GBP account:

Default currency

Account name

Account number

IBAN (where required)

Sort/branch code Swift/BIC code

Bank name

Bank address

Additional details

If you are aware of any additional information required in order to process international transactions within your country, (e.g. Agency Code, Tax ID) please list below:

Swift code of intermediary bank (where applicable):

Euro account:

Default currency

Account name

Account number

IBAN (where required)

Sort/branch code Swift/BIC code

Bank name

Bank address

Additional details

If you are aware of any additional information required in order to process international transactions within your country, (e.g. Agency Code, Tax ID) please list below:

Swift code of intermediary bank (where applicable):

US Dollar account:

Default currency

Account name

Account number

IBAN (where required)

Sort/branch code Swift/BIC code

Bank name

Bank address

Additional details

If you are aware of any additional information required in order to process international transactions within your country, (e.g. Agency Code, Tax ID) please list below:

Swift code of intermediary bank (where applicable):

CHF account:

Default currency

Account name

Account number

IBAN (where required)

Sort/branch code Swift/BIC code

Bank name

Bank address

Additional details

If you are aware of any additional information required in order to process international transactions within your country, (e.g. Agency Code, Tax ID) please list below:

Swift code of intermediary bank (where applicable):

8 Declaration

I/We declare the information given is correct and that all information relevant to this application has been disclosed. I/We hereby apply as an agency for the introduction of private medical insurance to Allianz Worldwide Care on their standard agency terms (which may change from time to time).

I/We authorise Allianz Worldwide Care to make such other enquiries as deemed necessary in consideration of this application. I/We understand that the agency, if granted, may be terminated by either party without reason subject to the standard agency terms. The agency will in any event be kept under review and may be terminated if the volume and standard of business is not acceptable to Allianz Worldwide Care.

When operating as an independent intermediary, I/we undertake to maintain in force professional indemnity insurance cover.

I/We understand that information supplied to Allianz Worldwide Care will become part of the data held by Allianz Worldwide Care in accordance with the Data Protection Acts 1988 and 2003.

I/We certify that I/we will comply with the Anti-Corruption Policy of Allianz, the Anti-Bribery Laws and any other applicable local and international laws.

All information provided in this application will be treated in the strictest confidence and will not be divulged to any other parties outside the Allianz Worldwide Care network.

Signature of principal director/partner (please delete as appropriate) _____

Date [d | d] [m | m] [y | y]

Name (in BLOCK CAPITALS) _____

Additional information

To get more/specific information about the following products, please tick the relevant boxes:

- International Healthcare Plans
- Direct Settlement Plans for the UAE
- Reimbursement Plans for the UAE
- GlobalPass Healthcare Plans for Latin America
- Channel Islands Plans
- Short-term Healthcare Plans

Please return your fully completed form by:

Scan and email to: sales@allianzworldwidecare.com

Fax to: + 353 1 630 1399

Alternatively you can post it to:

Sales Support
Allianz Worldwide Care
18B Beckett Way
Park West Business Campus
Nangor Road
Dublin 12
Ireland

Tel: + 353 1 630 1301