

FIRM APPLICATION FORM

Application to become an Appointed Representative (AR)

If you require any assistance in completing the form, please do not hesitate to contact the Broker Services Team on 01249 467500

Send the completed form and supporting documents to:

Broker Services Team
PRIMIS Mortgage Network
No 2 Methuen Park
Bath Road
Chippenham
Wiltshire
SN14 0GB

Contact details: Telephone: 01249 467500 FAX: 01249 467582

PRIMIS Mortgage Network is a trading name of Advance Mortgage Funding Limited. Registered in England & Wales number: 2217569

PRIMIS Mortgage Network is a trading name of First Complete Ltd. Registered in England number 05415236.

Registered office: Newcastle House, Albany Court, Newcastle Business Park, Newcastle Business Park, Newcastle Upon Tyne, Tyne & Wear, NE4 7YB

First Complete Limited is authorised and regulated by the Financial Conduct Authority (FRN: 435779) for mortgage and non-investment insurance advice.

Advance Mortgage Funding Limited is authorised and regulated by the Financial Conduct Authority (FRN: 308005) for mortgage and non-investment insurance advice.

Please ensure that you sign **both declarations on pages **10 & 11** before returning. Failure to do so will delay your application**

Full Name of Legal Entity	
Network (First Complete or Advance Mortgage Funding)	
Proposed Trading Name	

Main contact at the Firm (these will be the details that will be included on the FCA Register)

Title			
Surname			
Forenames (s)			
Business Address			
		Postcode	
Email Address		Website Address	
Telephone Number		Fax Number	

INFORMATION TO BE SUPPLIED

(PHOTOCOPIES ARE ACCEPTABLE. ORIGINALS MAY BE REQUESTED AT A LATER DATE)

The form must be completed in conjunction with the Individual Application Form and the Asset & Liability Statement. The following documents must be forwarded to ensure that your authorisation is not delayed:

CHECKLIST	ENCLOSED		NOT APPLICABLE
If you have had a Financial Services Authority (FCA) compliance visit, please include a copy of the latest FCA report and appropriate response	Y	N	N/A
Copies of the last 3 (full financial) years accounts, prepared in accordance with the Companies Act 1985 (existing companies only)	Y	N	N/A
Projected accounts for the next 12 months (or opening balance sheet if a new firm).	Y	N	
For new business application(s) include a 12 month business plan and cash-flow projection.	Y	N	
Completed Introducer Application/s with signed agreement/s	Y	N	N/A
If partnership, provide partnership agreement	Y	N	N/A
Last RMAR/GABRIEL submission (only required if current business is a directly authorised firm)	Y	N	N/A
Any copies of compliance visit reports from former networks (this should include documents relating to warnings, suspensions, panel removals and other significant notifications)	Y	N	N/A
Individual application form(s)	Y	N	
Evidence of bank account to be used for commission payments	Y	N	

INFORMATION ABOUT THE FIRM

ALL QUESTIONS MUST BE ANSWERED FULLY WITH EXPLANATIONS GIVEN WHERE APPROPRIATE. CONTINUE ON A SEPARATE SHEET OF PAPER IF NECESSARY.

Intended Legal Entity name with PRIMIS Mortgage Network (if sole trader, this should be the name of the individual)			
Intended Trading Name			
Business Address			
		Post Code	
Email Address		Website Address	
Telephone Number		Fax Number	
Registered business address			
		Post Code	
Additional/Other trading address			
		Post Code	
Telephone number		Fax number	

Date that the business was formed?	
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Company Registration Number	
Date of Incorporation	
Country of Incorporation	

LEGAL STATUS OF FIRM AT AUTHORISATION (Tick as appropriate)							
Limited Company		Legal Partnership		Limited Liability Partnership (LLP)		Sole Trader	

INFORMATION ABOUT THE FIRM

MAIN BUSINESS ACTIVITIES (include all regulated and non-regulated business activities carried out under the business name or at the business/registered office address, e.g. Estate Agency)

Do you have professional Indemnity Insurance? (If yes, please provide a copy of the policy and schedule with your application)		Y	N
If yes, with who?			
Expiry Date			
Do you have any outstanding or pending claims? (Please provide details of any claims with your application, if applicable)		Y	N

INFORMATION ABOUT THE FIRM

What are the full names of the principal(s)/director(s)/company secretary(s)/shareholder(s)/senior manager(s)/controller(s)? (A controller is a person who holds 25% or more of the capital or the voting rights of a business, which makes it possible to exercise significant influence over its management)

Please note that all individuals will need to complete an application and use notes page for any additional individuals that cannot fit into this section.

Full Name	Position in Firm	Shareholding %

Supply the full names of anyone who is or will be introducing business to your company. An appropriate PRIMIS introducer agreement must be completed for all introducers.

Firm	Introducer Name	Purpose of Introductions

Is the firm or has the firm previously been authorised or registered with another regulatory body (e.g., FCA, FSA, PIA, MCCB, GISC)? If yes then please provide the name/full details (use continuation sheet if necessary)	Y	N
Has the firm ever been or has an application been submitted to be an appointed representative of another regulated firm? If yes, please provide full details on the continuation sheet at the end of this form, i.e, regulatory bodies, names of companies, FCA number and dates etc..	Y	N

Please state the names and trading activities of all associated companies and businesses – please include copies of the last audited or certified accounts.

Name	Trading Activity

INFORMATION ABOUT THE FIRM

Will financial services be the firm's main activity? If No, please provide full details of the firm's main activity on the continuation sheet at the end of this form.	Y	N
Does the firm intend to conduct insurance business in any country other than UK? If yes then please provide full detail within continuation sheet.	Y	N
Do you have a Building Society Agency?	Y	N
If yes, please state which		
Do you intend to transact Mortgage business via PRIMIS Mortgage Network?	Y	N
Do you intend to transact Pure Protection business via PRIMIS Mortgage Network?	Y	N
Do you intend to transact General Insurance via PRIMIS Mortgage Network?	Y	N

Does the firm/do you intend to employ or engage Advisors/Representatives? (If yes please detail below)	Y	N
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Name	Employed/Self Employed		Office Based?		Trading address (if not trading from main office)
	Emp	S/E	Y	N	
	Emp	S/E	Y	N	
	Emp	S/E	Y	N	
	Emp	S/E	Y	N	
	Emp	S/E	Y	N	
	Emp	S/E	Y	N	
	Emp	S/E	Y	N	

PRIMIS.
MORTGAGE NETWORK
AUTHORISATION

DETAILS OF ANY LICENCE OR AUTHORISATION CURRENTLY HELD, OR HELD AT ANY TIME IN PREVIOUS 5 YEARS UNDER:

Professional Indemnity Insurance? (If yes please provide a copy of the policy and Schedule for Professional Indemnity Insurance with your application)	Y	N
Has the applicant firm ever had: refused, revoked or withdrawn, any licence held under the Statute above, or any authorisation, membership of or registration by any of the bodies mentioned in this application, or any association of dealers in securities, any stock exchange or other professional body, or any authorisation to carry on insurance, investment of banking, business (please include any warnings, restrictions or panel removals that have been received at firm and/or individual levels)	Y	N
Has the applicant firm ever resigned from or discontinued an application for membership or authorisation, network or to any of the bodies mentioned above? If Yes, please provide details on the continuation sheet on pg 10 of this form	Y	N

DATA PROTECTION FEE

DETAILS OF THE FEES PAID TO THE INFORMATION COMMISSIONER'S OFFICE

Tier of Fee Paid (Please tick which applies)					
Tier 1 (£40)		Tier 2 (£60)		Tier 3 (£2,900)	
Registration no:			Date of last payment:		

DATA PROTECTION CONTACT

DETAILS OF THE INDIVIDUAL RESPONSIBLE FOR DATA PROTECTION MATTER AT YOUR FIRM

Name of Data Protection Contact					
Is your Data Protection Contact designated as a Data Protection Officer, registered with the Information Commissioner's Office?	Y	N			

FITNESS AND PROPRIETY

THESE QUESTIONS RELATE TO THE EXISTING FIRM AND ANY PREVIOUS FINANCIAL SERVICES COMPANIES

Although the information requested relates to the United Kingdom, information should also be given in respect to any comparable provisions, which apply overseas. In any case where a tick is entered in the 'YES' box, please provide further details on a separate sheet.

NON-DISCLOSURE OF ANY ADVERSE INFORMATION WILL RESULT IN YOUR APPLICATION BEING DECLINED

CRIMINAL OR CIVIL PROCEEDINGS

Is the firm currently engaged in (other than in a professional legal capacity or as an expert witness), or the subject of, any criminal or civil proceedings or arbitration?	Y	N
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N.B: If yes, we can only process an individual's criminal record data with their consent. If you include details of any individual's criminal record data in the continuation sheet, please ensure they fill in the subsequent consent fields on pg. 10.

JUDGEMENT DEBTS, ETC.

Has the firm ever had judgements or debts entered against it, or been put into compulsory liquidation?	Y	N
Has the firm ever had its estate sequestered, had a receiver, administrative receiver, or administrator appointed or entered into any arrangements with its creditors, made any compromise or arrangement with its creditors, or ceased trading in circumstances in which its creditors did not receive full payment?	Y	N
Has the firm ever been refused, or had revoked, any licence or authorisation under the Prevention of Fraud (Investments) Act 1958 or the Prevention of Fraud (Investments) Act (Northern Ireland) 1940, or the Consumer Credit Act 1974?	Y	N

AUTHORISATION

Has the firm ever been refused, or had revoked, any authorisation to carry on investment, banking, mortgage or insurance business?	Y	N
Has the firm ever been refused, or had revoked, membership of, or authorisation or registration by FCA, FSA, PIA, LAUTRO, SIB or any recognised self-regulating organisation or recognised professional body, or any association of dealers and securities, or any Stock Exchange or any other professional body; and has the firm ever resigned from any such organisation, body or association after making an application to become a member, or to be authorised, or to be registered, not to proceed with it?	Y	N

DISCIPLINARY PROCEEDINGS

Has the firm ever been publicly censured, disciplined, suspended or expelled by Financial Conduct Authority, Financial Services Authority, Personal Investment Authority, Life Assurance and Unit Trust Regulatory Organisation, Securities and Investments Board, or any recognised self-regulating organisation or recognised professional body or by any other organisation, body or association?	Y	N
Is the firm currently the subject of any disciplinary proceedings by the FCA or any recognised self-regulating organisation or recognised professional body or by any other organisation, body or association; or is the firm aware of any such proceedings, which are pending?	Y	N
Has the firm ever been the subject of a formal investigation under powers in the Insurance Companies Act 1982, the Companies Acts or the Financial Services Act 1986 or the Financial Services and Markets Act 2000?	Y	N

HISTORICAL TRADING

Are any previous Financial Services firms still trading?	Y	N
If yes, what role do common directors have in this firm?		
If no, what action was taken when the firm ceased trading?		

AGENCY AGREEMENTS

Has the firm ever had an Agency Agreement terminated or suspended or has any application been rejected? (For example, removal from a lender, insurer or other supplier panel)	Y	N
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REGULATORY SUPERVISION

Has the firm ever had an FCA/FSA visit?	Y	N
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If so, please provide a copy of their report and associated response. If you are currently directly authorised, please provide copies of your most recent RMAR submission

FINANCIAL DETAILS

Are you/is it your intention to be VAT Registered?	Y	N
If yes above, please provide your VAT number?		
When is your financial year end?		
Accountant's Name		
Accountant's Address		
		Postcode
Email Address		Telephone number

CONTINUATION SHEET

Page	

Special Category Data/Criminal Record Data Consent Declaration

I consent for PRIMIS Mortgage Network to process my special category data/criminal record data for the purposes described in the [Privacy Notice](#). Please note that without the consent of all affected parties we will not be able to process your application.

Print Full Name:	
Signature:	
Date:	

PRIMIS
MORTGAGE NETWORK
DECLARATION

I/We confirm that the information given herein is true, correct, completed to the best of my/our knowledge and belief and shall be the basis of my/our application to become an Appointed Representative (AR) of **PRIMIS MORTGAGE NETWORK**.

I/We agree to the taking up of references or making any enquiries it shall deem necessary in considering this application. Checks may include at the networks discretion, any or all of the following; credit bureau referencing (including electronic identity verification), former employment referencing, professional referencing (e.g. solicitors, accountants) and criminal records checks. Certain of the aforementioned referencing may involve separate express permission and interaction being requested of the applicant.

I/We confirm that no material facts, which may be relevant to my /our application, have been withheld.

I/We am/are aware, that knowingly or recklessly giving **PRIMIS MORTGAGE NETWORK** information, which is false or misleading, could lead to termination or variation of Appointed Representative (AR) status, which may be granted.

The information given in this form will be “personal data” for the purposes of current data protection legislation. The personal data will be used by **PRIMIS MORTGAGE NETWORK** in fulfilling its regulatory responsibilities to FCA and complying with other relevant legislation. This could involve disclosing the personal data to third parties and other bodies, such as other regulators, law enforcement bodies, or other entities within our group. It will not however, be disclosed for any other purpose without permission. Full details of how **PRIMIS Mortgage Network** will use “personal data” can be found in the [Privacy Notice](#).

I/We shall agree to satisfy the relevant requirements of the Financial Services & Markets Act 2000 and the terms of the Appointed Representative (AR) agreement of **PRIMIS MORTGAGE NETWORK**.

I/We agree to comply with any instruction which **PRIMIS MORTGAGE NETWORK** may give concerning investigations which may be carried out by **PRIMIS MORTGAGE NETWORK** or the **FCA** and with any instruction which may result from the exercise of intervention powers by **PRIMIS MORTGAGE NETWORK** or the **FCA**.

I/We confirm my/our commitment to comply with all government regulation and legislation and to comply with any processes agreed with **PRIMIS MORTGAGE NETWORK**.

I/We consent to **PRIMIS MORTGAGE NETWORK** carrying out a review of my/our status, to adhere to the “fitness and propriety” requirements.

I/We understand that **PRIMIS MORTGAGE NETWORK** may decline at their sole discretion and shall have no duty to us to disclose the grounds for the declination.

I/We declare that if any of the information I/we have given on this form changes before the application process is completed, I/we will advise **PRIMIS MORTGAGE NETWORK** immediately.

TO BE COMPLETED AND SIGNED BY AT LEAST ONE FIRM PRINCIPAL, DIRECTOR OR PARTNER, ON BEHALF OF THE FIRM

Title		Title	
Surname		Surname	
Forename		Forename	
Signature		Signature	
Date:		Date:	