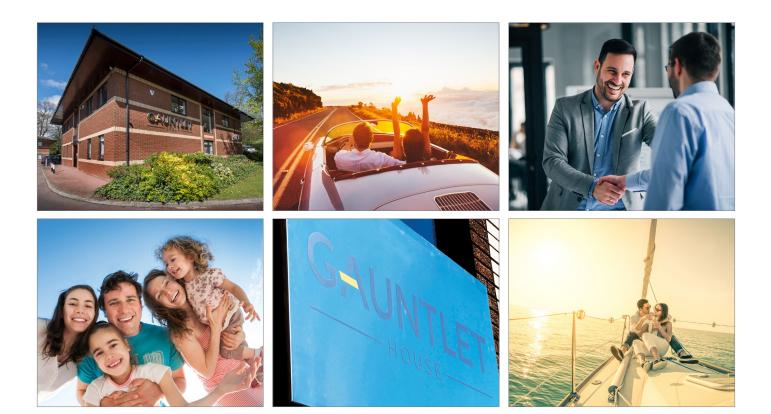


APPOINTED REPRESENTATIVE

Gauntlet Deauthorisation Fasttrack

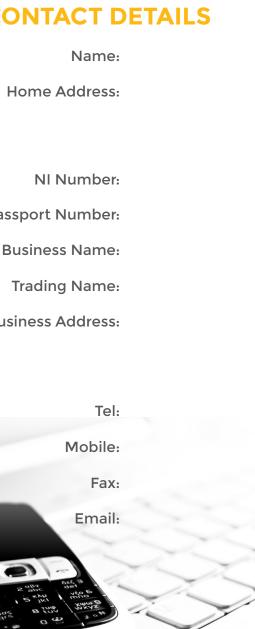




To allow Gauntlet to assess your eligibility for a role with us, and to establish that you are financially solvent, please complete this application form in full.

The application form must be completed for each partner, director or senior manager of your business.

Gauntlet use this information to assess whether you comply with FCA regulations and as the basis of our decision to offer you a contract.



CONTACT DETAILS

Passport Number:

Business Address:





FINANCIAL INFORMATION

FCA regulations oblige Gauntlet to establish that every Appointed Representative is fit & proper and financially solvent.

| Do you authorise us to carry out a credit check on you? | | Yes | No |
|--|----------------|-------------|------|
| Personal Detail | | | |
| Assets Main Residence | Sole Ownership | Joint Owner | ship |
| Current Value Mortgage/finance outstanding | | | |
| Other Property (describe) Current value Mortgage/finance outstanding | | | |
| Regular Commitments (show monthly amounts) Mortgage Loan Repayments Child maintenance Credit Cards Other (list below) | | | |
| Total Monthly Commitments | | | |
| Business Detail | | | |

Other Assets (list below) Sole Ow

Sole Ownership

Joint Ownership

Current Value Mortgage/finance outstanding



| If successful, can you provide accounts for the last 3 complete financial years? | Yes | No |
|--|-----|----|
| Have you: | | |
| Been wound up, had a petition presented or a meeting called to consider a resolution for winding up? | Yes | No |
| Has your company: | | |
| Been the subject of an application to be dissolved or struck off the register of companies? | Yes | No |
| Made, or proposed to make, a composition or voluntary arrangement with any one or more of its creditors? | Yes | No |
| Had an administrator or trustee in bankruptcy appointed to it or had an application made for such an appointment? | Yes | No |
| Had a receiver appointed to it? | Yes | No |
| Had an application for an interim order made against it under section 252 of the Insolvency Act 1986 (or in Northern Ireland section 227 of the Insolvency Northern Ireland order 1989)? | Yes | No |

In the case of individuals, sole traders & partnerships:

| Has anyone been the subject of an application for a sequestration order or a petition for bankruptcy? | Yes | No |
|---|-----|----|
| Ceased trading in circumstances where creditors did not receive full payment? | Yes | No |
| Made, or proposed to make, composition or voluntary arrangements with any one or more of its creditors? | Yes | No |
| Had anything equivalent under relevant overseas law? | Yes | No |





Disciplinary Proceedings

| Have you, any director, senior manager or controller ever been publicly censored, disciplined, suspended or expelled by the FSA or FCA, another regulator, a clearing house, an exchange, a professional body, or a government body or agency? | Yes | No |
|---|-----|----|
| Are you, any director senior manager or controller currently the subject of any disciplinary proceedings by a body referred to above, or is aware that such proceedings are pending? | Yes | No |
| Have you, any director, senior manager or controller ever been the subject of a formal investigation under the powers in the Companies Act 1985 (or overseas equivalent) | Yes | No |
| Criminal or Civil Proceedings | | |
| Are you, any director, senior manager or controller a defendant in any current civil proceedings connected with professional activities in which an allegation of fraud or dishonesty is being made? | Yes | No |
| Are you, any director, senior manager or controller the subject of any criminal proceedings or been convicted of any criminal offence either in the UK or abroad? | Yes | No |
| Are there any material facts that have not been disclosed above that may affect Gauntlet's decision to accept you as an Appointed Representative? If yes, please provide more information. | Yes | No |

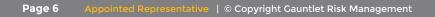




Professional Competence

FCA regulations oblige Gauntlet to substantiate your commercial and professional knowledge. Please provide details of your academic and professional qualifications below.

Please provide brief details of your Insurance Industry work experience starting with your most recent role. Please show the name of your employer, dates of employment, role, and reasons for leaving (or alternatively attach a CV which includes this information).







References

Please provide the name and contact details of your last 2 employers so that we may contact them for a reference.

Professional Indemnity Insurance

Who is your current Professional Indemnity Insurer?

Policy Number

Limit of Indemnity

Excess

You are required to hold run-off Professional Indemnity Insurance for a period not less than 24 months.

Supporting documents

Please can you also provide the following documentation:

Professional Indemnity policy schedule

FCA RMAR

- Complaints return
- RMA-A Balance sheet
- RMA-B Profit & Loss
- RMA-C Client money and assets
- RMA-D1 Regulatory capital





Has any application for Professional Indemnity Insurance made by you or on your behalf ever been cancelled, declined or had special terms applied?

If yes, please provide full detail below.

Has any claim, whether successful or not, ever been made against you or any previous employer due to any alleged negligent act, error or omission? Yes No Please note: If any partner, principal, director or employee is aware of any claim relating to work carried out by them in a previous practice or employment, details should be provided under this question.

If yes, please provide full detail below.

Yes

No





| Has any action been taken to prevent recurrence of a claim? | Yes | No |
|---|-----|----|
| If yes, please provide full detail below. | | |

Are you or any partner, principal, director or employee AFTER FULL ENQUIRY aware of any circumstance which may give rise to a Professional Indemnity claim against you, the FIRM or it's predecessors or any past or present partner, principal, director or employee? Yes

If yes, please give full detail below.

No





Should you be accepted as an Appointed Representative of Gauntlet, payments made to you will be by BACS where possible. Please provide details of the bank account where BACS payments are to be made:

Name of Bank:

Address of Bank:

Account Number:

Sort Code:

Are there any material facts that have not been disclosed above that may affect Gauntlet's decision to accept you as an Appointed Representative?

Yes No

If yes please provide full detail below.

I confirm that the above information is complete and accurate.

Name:

Sign:

Position:

Date:

