

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

Name:

Home Address:

NI Number:

Passport Number:

Business Name:

Trading Name:

Business Address:

Tel:

Mobile:

Fax:

Email:



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 Sole Ownership Joint Ownership
Main Residence

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 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 censured, 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?

Yes

No

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.

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

No

If yes, please give full detail below.

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: