



Appointed Representatives Application Form

Business Details

Full name of business
(as registered with FCA)

Trading name
(if different from above)

Name of Network *

Name of Club (if applicable)

Name of Contact

Address of Company

Postcode

Address of correspondence
(If different from above)

Postcode

Mobile number

Office number

Networks E-mail for commission
statements.

Email for Marketing

Case update email	
General email	

Are the email addresses provided encrypted? Yes No

FCA Number

Length of Trading

Number of advisors
(Please provide details of each adviser so that individual log-ins can be generated)

Name of individual Advisor registering	Correspondence address for where you are based.	Advisor Email Address	Advisor mobile number & office number

Have you/your firm ever been Fined? YES NO

If Yes please specify

***Your commission payment will be made to your chosen Network as stated under Business details**

Bank Details of your network for the payment of commission by Pure Retirement:

Bank/Building Society	
Account Name	
Address	
Postcode	

Account Number							
Sort Code			-			-	

Declaration

I/We hereby apply to transact business with Pure Retirement Limited and confirm that:

- I am/we are authorised by the FCA and have relevant permissions.
- I/we declare that, to the best of my/our knowledge and belief, the statements above are true and complete and that I/we have not withheld any material information.

Signature		Date	
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Full Name		Status	
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For Office Use

Application Approved Signature	
Date	
Full Name of Approving Person	