

Intermediary Application Form

Please complete this form clearly in BLOCK letters and return to sales.support@safemeridian.com.

Company Information

Name of Company*: _____

Company Address: _____

City: _____ Postal Code: _____ Country: _____

Telephone Number (+ country code): _____ Fax Number (+ country code): _____

Company Registration Number*: _____ Website: _____

**Please attach an official document to this application, reflecting the company name and company registration number.*

Name of Company Director: _____

Telephone Number (+ country code): _____ Mobile Number (+ country code): _____

Email Address: _____

Other Key Company Contacts:

Name: _____ Title: _____

Telephone Number (+ country code): _____ Mobile Number (+ country code): _____

Email Address: _____

Name: _____ Title: _____

Telephone Number (+ country code): _____ Mobile Number (+ country code): _____

Email Address: _____



Nature of Business Activity

Type of License: Financial Advisor Individual Agent Insurance Broker Others: _____

License Number*: _____ Years of Operation: _____

In which countries are you active? _____

With which regulatory authority(s) are you registered? _____

What is the proportion of your health insurance clients? _____

Group: _____ Individual: _____

**Please attach your intermediary license to this application, reflecting the company name and license number.*

Bank Account Details

For payment of commission

Bank Account Currency:

Account Name:			
Account Number:		IBAN*:	
Bank Name:		BIC/Swift Code:	
Bank Code:		Branch Code:	
Branch Address:			

*IBAN is required if your bank is within the EU, or if your country requires an IBAN (e.g. Qatar, Saudi Arabia, Turkey).

Company Representative's printed name:

Company Representative's signature:

Date (dd/mm/yyyy):

Company Stamp:



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