

Intermediary Application Form

Please complete this form clearly in BLOCK letters and return to greateastern.enrolment@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:

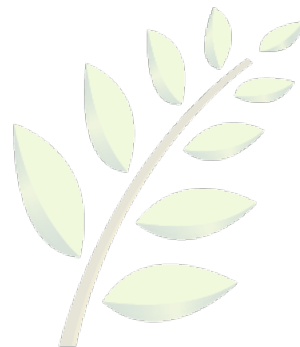
*IBAN is required if your bank is within the EU, or if your country requires an IBAN (e.g. Qatar, Saudi Arabia, Turkey).

Company Representative's printed name:

Company Representative's signature:

Date (dd/mm/yyyy):

Company Stamp:



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