

Irish Life

Broker Agency

Application Form

Application Requirements Checklist

To assist in the consideration of this application please supply:

Requirement	Submitted	
Completed Application Form	Yes	No
Bank Statement copy A copy of a bank statement for the account detailed in Section 5 below	Yes	No
Employment Reference(s) for each of the people named in the application	Yes	No
IDR Certificate A copy of your CBI authorisation certificate, i.e. IDR Certificate of Registration	Yes	No

If any of these requirements cannot be provided at this time, please advise.

All requirements are needed in order to complete your agency application.

1. General Information

Before you give us your personal information please note that Irish Life has a Data Privacy Notice.
This explains what your data protection rights are and how and why we use your personal information.
This is always available on our website at www.irishlife.ie

Trading Name (if applicable)

Legal Name of Entity

Address

Registered Address
(if different from business address)

Phone no.

E-mail

Website

2. Registration/Membership Details

Central Bank (CBI) Registration No.

Confirmation that you are registered
(or applying for registration) under the Insurance
Distribution Regulations (IDR) with the CBI

Registered

Have applied

Yet to apply

Date cleared by the CBI

D D M M Y Y Y Y

Type of Organisation

Company Registration No.

Are you a member of Brokers Ireland?

Yes

No

If so, please state Member No.

**Please list Life Companies and/or Credit Institutions with whom you hold an Appointment
(or firms to whom you intend applying for an agency and the date of each appointment)**

Company

Date Appointed

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3. Sales Details

Please indicate and rank the Irish Life product areas which will be the main focus of your business:

Product Area	Yes/No		Rank (Indicate the number or n/a if appropriate)
Protection	Yes	No	
Savings	Yes	No	
Bonds	Yes	No	
Mortgage Protection	Yes	No	
Individual Pension	Yes	No	
Group Pension	Yes	No	

Please state your core activities if Life Assurance is not your core business:

4. Personnel

Please complete the following for all Directors, Principals and Senior Personnel or Owners.

Name Date of Birth D D M M Y Y Y Y

Address

Phone no.

Position

Qualifications

Employment History (starting with current role)

Dates	Employer	Position held
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Name

Date of Birth

D D M M Y Y Y Y

Address

Phone no.

Position

Qualifications

Employment History (starting with current role)

Dates

Employer

Position held

Name

Date of Birth

D D M M Y Y Y Y

Address

Phone no.

Position

Qualifications

Employment History (starting with current role)

Dates

Employer

Position held

Name

Date of Birth

D D M M Y Y Y Y

Address

Phone no.

Position

Qualifications

Employment History (starting with current role)

Dates

Employer

Position held

If there are more than four Directors or Principals please duplicate this page and complete.

Have any of the persons listed above or has any organisation in which they have held a managerial position:		Yes/No	
1	Held an agency appointment or sales position with Irish Life at any time?	Yes	No
2	Been involved in any Liquidation, Receivership, Bankruptcy, winding up or arrangement with creditors, or is there any such matter pending?	Yes	No
3	Been convicted of any criminal offence during the past 10 years?	Yes	No
4	Entered into a tied agency agreement with a Life Office?	Yes	No
5	Had an agency application declined or an appointment terminated by any company?	Yes	No
6	Been debarred from acting as an insurance intermediary under Section 54 or Section 55 of the Insurance Act 1989?	Yes	No

If the answer to any of the above questions is 'Yes' please supply full details on a separate page.

5. Business Details

IMPORTANT: Irish Life pay commission by way of Electronic Fund Transfer (EFT). It is therefore necessary that bank account details are provided, so that commission payments can be paid to your firm.

Please give name and address of your principal banker and account details:

Bank/Address

Account Name

IBAN

BIC

Under Section 889(5) of the Taxes Consolidation Act 1997, The Office of the Revenue Commissioners requires us to capture your firms Tax Reference Number (or PPSN).

Tax Reference Number (or PPSN)

6. Declaration & Signature

This section should be completed by the Managing Director, Managing Partner or Principal.

I declare that the information given in this application is true and complete. I authorise you to make any enquiries with former employers of all of the individuals named above and other such enquiries as Irish Life deems necessary in consideration of this application for agency facilities, and at any future date.

Your signature

Date of Birth D D M M Y Y Y Y

Please be aware for all signatures typed herein, you are electronically certifying this document, just as if you were physically signing on paper.