

Intermediary application form

Please complete this form in BLOCK CAPITALS.

Please send your completed application form to Now Health International (Europe) Limited, Suite G3/4, Building Three, Watchmoor Park, Camberley, Surrey, GU15 3YL, United Kingdom. You can also scan and email it to EuropeService@now-health.com or fax it to +44 (0) 1276 602130.

Section 1: Intermediary details
1.1 Full legal name of intermediary:
1.2 Place of registration:
1.3 Business registration number (a copy of registration certificate is required):
1.4 Date of registration (dd/mm/yyyy): / /
1.5 Registered address:
1.6 Trading address (if different from 1.5):
1.7 Website address:

Section 2: Intermediary relationship holder details

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2.1 Responsible person for application:				
First name(s):	Family name:			
What do you like to be called?				
(If your full name is John Andrew Smith, you might like to be called John or Mr Smith or Andy. We will address all correspondence to you in this way.)				
2.2 Telephone:	2.3 Fax:			
2.4 Email:				

Section 3: Intermediary contact details				
3.1 Contact person for future business operation (if different from Section 2)				
First name(s):	Family name:			
What do you like to be called?				
(If your full name is John Andrew Smith, you might like to be called John or Mr Smith or Andy. We will address all correspondence to you in this way.)				
3.2 Telephone:	3.3 Fax:			
3.4 Email:				

Section 4: Authorisations

4.1 Name of body that regulates your insurance intermediary activity (a copy of current authorisation required):

4.2 Date of authorisation (dd/mm/yyyy):

4.3 Has your firm or any of its staff been subject to disciplinary action or investigation by regulators? If yes, please provide details:

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4.4 Has the firm, directors or senior managers been convicted of any criminal offence? If yes, please provide details:

4.5 Has the firm, directors or senior managers been subject to insolvency or bankruptcy proceedings or come to any agreement with creditors over unpaid debts? If yes, please provide details:

4.6 Does your firm have arrangements in place to prevent bribery and corruption, money laundering and breaches of sanctions policies and violations of the modern slavery legislation? If yes, please provide details:

4.7 Has your firm had any previous record of, or does it anticipate any infringement of bribery and corruption, money laundering, sanctions or modern slavery requirements? If yes, please provide details:

4.8 What is the scope of your authorisation and/or your authorised business line(s)? Please provide details:

4.9 What is the geographic limitation of your authorisation? Please provide details:

4.10 Do you have a valid professional indemnity policy to cover your activity? (A copy of your current policy schedule is required.)

4.11 Please provide the names, qualifications and experience of your senior executives:

4.12 Has your firm ever had any agencies with an insurance company refused or cancelled? If yes, please give details:

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Section 5: Industry experience

5.1 What is your experience in health insurance? Please provide details:

5.2 What is your average gross premium written in health insurance during the last 24 months?

5.3 Please provide the contact details of two major suppliers for us to take references:

5.4 Bank details (include IBAN number and Swift code) for commission/brokerage payments:

Bank Name:	
Account Name:	
Bank account number:	Sort code:
IBAN number:	
Swift code:	
Bank Address:	

Section 6: Declaration

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We declare that answers and statements given in this application are accurate to the best of our knowledge and undertake to inform Now Health International (Europe) Limited of any material change of circumstances promptly.

We further declare that we have the necessary licence and authorisation to carry and advise plans managed by Now Health International (Europe) Limited in the market we operate.

Signature:	Date (dd/mm/yyyy):		
		/	/
Official stamp:			



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UAE

Royal & Sun Alliance Insurance Middle East B.S.C. (c) c/o Now Health International Gulf Third Party Administrators LLC PO Box 502163, Al Shaiba Building, Dubai Outsource Zone, Dubai, UAE T +971 (0) 4450 1415 | F +971 (0) 4450 1416 MEAService@worldcare.ae

Now Health International

Europe

Now Health International (Europe) Limited Suite G3/4, Building Three Watchmoor Park, Camberley, Surrey, GU15 3YL, United Kingdom T +44 (0) 1276 602100 | F +44 (0) 1276 602120 EuropeSales@now-health.com

Asia Pacific

Now Health International (Asia Pacific) Limited Units 1501-3 & 9, 15/F, AIA Tower, 183 Electric Road North Point, Hong Kong T +852 2279 7300 | F +852 2279 7320 AsiaPacSales@now-health.com

China

Asia-Pacific Property & Casualty Insurance Co., Ltd. c/o Now Health International (Shanghai) Limited Room 1103–1105, 11/F, BM Tower No. 218 Wusong Road Hongkou District, Shanghai 200080, China Now Health International (Shanghai) Limited Beijing Branch 26/F, Tower D, Vantone Center, A6 Chaowai Ave., Chaoyang District, Beijing 100020 China. T +(86) 400 077 7500 / +86 21 6156 0910 | F +(86) 400 077 7900 ChinaService@now-health.com

Singapore

Now Health International (Singapore) Pte. Ltd. c/o Sompo Insurance Singapore Pte. Ltd. 50 Raffles Place #05-01/06 Singapore Land Tower Singapore 048623 T +65 6880 2303 | F +65 6220 6950 SingaporeSales@now-health.com

Indonesia

PT Now Health International Indonesia 17/F, Indonesia Stock Exchange, Tower II Jl. Jend. Sudirman Kav. 52 – 53 Jakarta 12190, Indonesia Toll-free 0800 1 889900/ Toll +62 21 2783 6910 | F +62 21 515 7639 IndonesiaSales@now-health.com

Rest of the World

Now Health International Limited PO Box 482055, Dubai, UAE T +971 (0) 4450 1500 | F +971 (0) 4450 1520 GlobalSales@now-health.com

Now Health International (Europe) Limited is authorised and regulated by the Financial Conduct Authority.

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