

Please complete this form in BLOCK CAPITALS.

Please send your completed application form to Now Health International Limited, PO Box 482055, Dubai, UAE.
You can also scan and email it to GlobalService@now-health.com or fax it to +971 (0) 4450 1530.

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:

1.8 Names of all Registered Directors:

1.9 Name(s) of the Ultimate Beneficial Owner(s):

1.10 Is the Intermediary, any party connected to the Intermediary or any employees, their family members or close associates, a politically exposed person? Yes No

Section 2: Intermediary relationship holder details

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:

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:

4.13 Is your firm registered with a data protection agency? Please provide your registration number and details of how this can be checked:

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 for commission/brokerage payments:

Section 6: Declaration

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 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 Limited in the market we operate.

Signature:

Date (dd/mm/yyyy):

/ /

Official stamp:



UAE

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

Now Health International

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

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
T +(86) 400 077 7500 / +86 21 6156 0910 | F +(86) 400 077 7900
ChinaSales@now-health.com

Singapore

Now Health International (Singapore) Pte. Ltd.
4 Robinson Road
#07-01A/02 The House of Eden
Singapore 048543
T +65 6880 2300 | 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



Plans issued by Now Health International Limited, which is regulated by the DFSA, are underwritten by AXA PPP healthcare Limited which is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Plans are only available to those outside the UAE. Now Health International Limited - Registered Office: Office 814, Liberty House, Level 8, Gate Drive Street, P.O.Box 482055, Dubai