

Please complete this form in BLOCK CAPITALS.

Please send **You** completed application form to Now Health International (UK) Limited, Office 02-165, Moor Place, 1 Fore Street Avenue, London EC2Y 9DT, United Kingdom. **You** can also scan and email it to UKSales@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

2.1 Responsible person for application:

First name(s):

Family name:

What do you like to be called?

*(If **You** 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 **You** 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):

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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:

Two empty text input fields for registration details.

Section 5: Industry experience

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

Two empty text input fields for experience details.

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

Two empty text input fields for premium details.

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

Three empty text input fields for supplier contact details.

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: Important notes

Data protection

We and the **Underwriters** will collect certain information about **You** in the course of considering **Your** application and, if a **Plan** is issued to **You**, conducting **Our** relationship with **You**. This information will be processed for the purposes of underwriting **Your** insurance coverage, managing any **Plan** issued and administering claims. **Your** information may be passed to **Underwriters, Medical Practitioners, Medical Assistance Companies and Claims Administrators** for these purposes, including those located outside the European Economic Area. The same duty of confidentiality is required of any third parties to whom the administration of **Your Plan** may be subcontracted, including those based outside the European Economic Area. **Your** name and contact details will not be disclosed to other organisations (except as stated above).

Now Health International may contact **You** with details of other products and services which may be of interest to **You**. **You** may be contacted by post, telephone or email if appropriate. If **You** do not wish this to happen please tick this box .

Access to Medical Reports Act 1988

You have a right of access to, and correction of, information that **We** hold about **You**. Please contact **Us** if **You** would like to exercise either of these rights. Some of the information **We** collect about **You** may be classified as "sensitive" – that is information about racial or ethnic origin and physical or mental health. Data protection laws impose specific conditions in relation to sensitive information, including, in some circumstances, the need to obtain **Your** explicit consent before **We** process the information.

Sanctions Limitation and Exclusion

We will not provide cover nor pay claims under this **Plan** if **Our** obligations (or the obligations of **Our** group companies & administrators) under the laws of any relevant jurisdiction including UAE, UK, European Union, the United States of America, United Nations resolutions, trade or economic sanctions or international laws sanctions, prevents or restricts **Us** from doing so.

We will not provide You with any services or benefits including but not limited to acceptance of premium payments, claim payments and other reimbursements if in doing so, **We** violate applicable law, regulation, code or court order or are or will be otherwise sanctioned, prevented or restricted.

We may terminate Your Plan if **We** consider **You** or **Your** directors or officers as sanctioned persons, or **You** conduct an activity which is sanctioned, according to trade or economic laws & regulations.

Important note: We regard the rights above as best practice but the legal requirements may differ in the country in which You reside. Please contact Us for additional information regarding regulations in Your jurisdiction.

By signing this Application Form **You** consent to the processing and transfer of information (including sensitive information) described in this notice. Without this consent **We** will not be able to consider **Your** application.

Section 7: 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 (UK) 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 (UK) Limited in the market **We** operate.

Signature:

Date (dd/mm/yyyy):

/ /

Official stamp: