Intermediary Registration Form



Business name:				Intermediary name:		
Business address:				Registered address:		
Postcode:				Postcode:		
Ltd.	LLP.		Sole Trader	Partnership	(please ticl	
Contact details						
Office tel. number:				Email address:		
Mobile:				Web address:		
Other details						
Regulated status:				Details of professional membership:		
FCA number:						
Number of directors/par	rtners:					
Date established:						
Name of appointed rep	resentative	group:				
Name(s) of previously o	wned busi	nesses:				
Please tick 'Yes' or 'No'	to the follo	owing:			Yes No	
Are you a NACFB memb	per? (Natio	nal Associa	ation of Comme	rcial Finance Brokers)		
Do you consent to Cred	it4 carrying	g out credit	t searches? (for m	ore information please visit: www.credit4.co.uk/privacy	0	
Have you ever been conv	victed of a	criminal off	fence which will	preclude you from working in Financial So	ervices?	
I confirm the abo	ove busine	ess is fully	compliant with	n UK General Data Protection Regulat	ion (UK GDPR).	