

Agency Application Form

Important Information

Please complete and return this form if you wish to register your firm with Link Fund Solutions Ltd (LFS) for the purposes of introducing clients to LFS's products. All sections should be completed and signed by you as the principal representative of your company to verify that the facts are correctly stated.

Please use **BLOCK CAPITALS** and black ink to complete this form and return to LFS, PO Box 1043, Cheltenham GL50 9JB. Or email the signed scanned document to PPPadmin@capita.co.uk. Please note that if this option is taken we are unable to guarantee complete security. If you have any queries, or would like help please contact us on 0345 055 0606 between 9am-5pm Monday to Friday.

1. BUSINESS DETAILS

| | |
|--|----------------------|
| Firm Name | <input type="text"/> |
| Principal FCA Firm Registration Number (FRN) | <input type="text"/> |
| Office address | <input type="text"/> |
| | Postcode |
| Office telephone number | <input type="text"/> |
| Office fax number | <input type="text"/> |
| Website | <input type="text"/> |

2. ADVISER FEE PAYMENT BY BACS

| | |
|-----------------|--|
| Name of account | <input type="text"/> |
| Name of bank | <input type="text"/> |
| Account number | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| Bank sort code | <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> |
| Address of bank | <input type="text"/> |
| | Postcode |

3. CORE OF BUSINESS

Please indicate your core business areas

| | | | |
|-------------------|--------------------------|-------------|--------------------------|
| Income protection | <input type="checkbox"/> | Pensions | <input type="checkbox"/> |
| Insurance | <input type="checkbox"/> | Investments | <input type="checkbox"/> |
| Mortgages | <input type="checkbox"/> | Savings | <input type="checkbox"/> |
| Tax | <input type="checkbox"/> | Other | <input type="text"/> |

4. REGISTERED INDIVIDUALS

| Full name | FCA Individual Registration Number (IRN) | Telephone number | Email address |
|----------------------|--|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
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5. DECLARATION AND SIGNATURE

I declare that each registered individual listed in section 4 above has received and accepts the terms of the LFS Terms of Business.

Print full name (in **BLOCK CAPITALS**)

Position

Signature

Date

| | | | | | | | |
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