

# Intermediary Registration Form

## 1. Product type

Please tell us the type of business you will be submitting to Scottish Widows Bank (tick both if applicable)

Mortgages  Savings

## 2. Intermediary Details

Full name of Firm

Postal Address

Postcode

Mobile Number

Telephone Number

Fax Number

FSA Authorisation No. (authorised or appointed representative)

Appointed Representative Number (if applicable)

E-mail Address

We would like to use email to keep you up to date with news on our products and services. If you prefer not to receive this information please tick here.

## 3. Your status

IFA Individual  IFA Firm  Branch  Principal

## 4. Details of Intermediary Network or Broker Group

Are you linked to an Intermediary Network/Broker Group? Yes  No

If Yes, Name

Membership No.

## 5. Principal details (if applicable)

Principal Name

Principal Address

Principal postcode

Principal FSA Number

Principal daytime telephone number

Principal Fax Number

## 6. Your details

Forename	<input type="text"/>
Middle name	<input type="text"/>
Surname	<input type="text"/>
Date of Birth	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

## 7. Your Security Details

These details will be used to verify your identity when you call us or if you forget your login details and we need to reset your User ID and/or Password.

Your primary school	<input type="text"/>
Mother's maiden name	<input type="text"/>
Codeword (optional)	<input type="text"/>

## 8. Company Bank Details

**If you are part of a network your fees will be paid via them. If you are not part of a network or wish your fees to be paid through your company, please enter the appropriate details here. Payments will be made by BACS only.**

Bank	<input type="text"/>
Branch	<input type="text"/>
Address	<input type="text"/> <input type="text"/>
Postcode	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <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"/>
Sort Code	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Roll Number (if applicable)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Account Name	<input type="text"/>

Please note that any changes to the above must be advised by you in writing prior to introduction.

Savings commission will not be issued until the cumulative figure equals or exceeds £100.

**Please note that we require a cancelled company cheque or original company bank statement along with the registration form to confirm the bank details.**

## 9. Terms and Conditions

By signing you are confirming that you have read and agree to the Terms and Conditions of our online service which can be found at [www.scottishwidows.co.uk/extranet](http://www.scottishwidows.co.uk/extranet) – click 'Mortgages and Savings' then click 'Online login and registration'.

## 10. Confirmation

Authorised Signature	<input type="text"/>
Date (DD MM YYYY)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Name (please print)	<input type="text"/>

BDM name	<input type="text"/>
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(please tell us the name of your Business Development Manager if known)