

Agent Application and Agreement form

Please complete all Sections and provide complete name(s) and information of all Owners and Directors in the corresponding Section

Agent Number

Date

GENERAL BUSINESS INFORMATION AND COMPANY PROFILE

Company Name:

F/Tax ID#: Type of entity:

Address: City: Zip:
Head Office

Telephone

FAX

E-mail

Contact Name

Date when company was created Date when company began operations

Number of employees Number of branches Branch locations

BUSINESS BANKING INFORMATION

FIRST ACCOUNT

Bank Name Branch

Account Name Account Number Sort Code

SECOND ACCOUNT

Bank Name Branch

Account Name Account Number Sort Code

BUSINESS OWNERSHIP INFORMATION - OWNER

Name % Ownership

Nationality Place of residence ID Number

Name % Ownership

Nationality Place of residence ID Number

Name % Ownership

Nationality Place of residence ID Number

ADMINISTRATIVE DIRECTORY

Name Title

Nationality Length of Service ID Number

Name Title

Nationality Length of Service ID Number

Name Title

Nationality Length of Service ID Number

CONTINUE ON NEXT PAGE →→

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REGISTRATION LICENSE

Name of supervisor authority in UK License Number
Name of the authority in UK which issues licenses for your business
Name of the official authority to which you must reporting in case of a suspicion of money laundering or terrorist financing.

ANTI-MONEY LAUNDERING

COMPANY NAME has established a program for money laundering prevention? YES NO
Established date Last reviewed on (date)
Please enclose copy of the compliance program.

COMPANY NAME has designated a Money-Laundering Reporting Officer responsible for coordinating/monitoring compliance? YES NO
Complete name
Position E-mail

REPRESENTATIVE LEGAL INFORMATION

Surname First name
Date of birth Country of birth Nationality
Sex Male Female Marital Status Single Married Separated Divorced Widow (er) Other
Passport number Issued by
Type of Visa Resident Spouse European Community Working permit Other
VISA number Expiry date
National insurance number

BRITISH ADDRESS

Address Country / Town Post code
Home tel. number Mobile number E-mail

ADDRESS (COUNTRY OF ORIGIN)

Address Country / Town Post code
Country Town Mobile number

EMERGENCY CONTACT IN UK

Name Phone number Status

CONTINUE ON NEXT PAGE →→

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REFERENCES

REFERENCE #1

Name Relationship
 Address Country / Town Post code
 Home tel. number Mobile number E-mail

REFERENCE #2

Name Relationship
 Address Country / Town Post code
 Home tel. number Mobile number E-mail

SYSTEMS

PLEASE DETAIL THE NAME AND ID OF PERSONAL AUTHORIZED TO ACCESS THE TRANS-FAST PROGRAM. (PLEASE SEND COPY OF ID)

Name ID No.
 Name ID No.
 Name ID No.

All the information above is true

Agent signature _____

Date

FOR TRANS-FAST USE ONLY

Start Agents number Credit limit

Supporting documents

- ID Valid - passport
- NI
- Proof of address - Bills
- Bank statement details
- Corporation Tax
- Financial Report
- Driver license
- LMR
- Others:

Revised by Date

Reference checked?

YES By

NO Reason

Date

Notes

