

# LEXELLE ON-LINE AGENCY APPLICATION



## GENERAL DETAILS

|   |  |
|---|--|
| Company Name :                          |  |
| Registered Address :                    |  |
| Post Code:                              |  |
| Correspondence Address (if different) : |  |
| Post Code:                              |  |

|                   |              |
|-------------------|--------------|
| Telephone Number: | Fax Number:  |
| Email Address:    | Web Address: |

|                      |
|----------------------|
| Main Contact Name:   |
| Position in Company: |

## REQUESTED LEXELLE PRODUCTS

|        |                          |                 |                          |     |                          |
|--------|--------------------------|-----------------|--------------------------|-----|--------------------------|
| Motor  | <input type="checkbox"/> | Commercial      | <input type="checkbox"/> | IFA | <input type="checkbox"/> |
| Family | <input type="checkbox"/> | Second Property | <input type="checkbox"/> |     |                          |

## BUSINESS DETAILS

|   |
|---|
| What is the nature and size of your business? Please include GWP. |
|---|

Please provide the following information for all principal, partners or directors

| Name include Title   | Position in Firm     |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |

## AUTHORISATION

Are you FCA authorised?

|     |                          |    |                          |                     |                      |
|-----|--------------------------|----|--------------------------|---------------------|----------------------|
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Registration Number | <input type="text"/> |
|-----|--------------------------|----|--------------------------|---------------------|----------------------|

Please send you completed form to:  
**Lexelle Limited Agency Applications, PO Box 4428, Sheffield, S9 9DD**

Lexelle Limited, Registered Office: Pegasus House, 463A Glossop Road, Sheffield, S10 2QD.  
Company Registration No. 03160099  
Lexelle Limited is authorised and regulated by the Financial Conduct Authority.

Have you, your partners or directors, or has any business in which you, your partners, or directors have been involved in ever:

- |   |                          |                          |
|---|--------------------------|--------------------------|
| Been the subject of a receiving order   | <input type="checkbox"/> | <input type="checkbox"/> |
| Entered into an arrangement with creditors  | <input type="checkbox"/> | <input type="checkbox"/> |
| Been a director of a company which has been wound up other than for the purposes of amalgamation or reconstruction? | <input type="checkbox"/> | <input type="checkbox"/> |
| Been the subject of a court judgement for any outstanding debts   | <input type="checkbox"/> | <input type="checkbox"/> |
| Had an application refused by an Insurance Company  | <input type="checkbox"/> | <input type="checkbox"/> |
| Been convicted of a criminal offence (other than for motoring)  | <input type="checkbox"/> | <input type="checkbox"/> |

*If you have answered 'Yes' to any of the above, please provide details below.  
(Use a separate sheet if necessary)*

|  |
|--|
|  |
|--|

### COMMISSION PAYMENTS

|  |                 |
|--|-----------------|
| Name and address of bank (for payment of commission by BACS) |                 |
| Account Name:  |                 |
| Bank Sort Code:  | Account Number: |

### DECLARATIONS

I/we declare the information given is correct and hereby apply for an agency for the introduction of general contracts to Lexelle Limited.

I/we understand that the agency, if granted, will be subject to the formulation of a Terms of Business Agreement.

I/we agree that the company may make such relevant searches and checks (including in regard to credit worthiness) on this firm and its owners/principles as it sees fit.

To be signed by a director, sole trader or all partners, as appropriate.

|                              |                |
|------------------------------|----------------|
| Signed:<br>Position in firm: | Name:<br>Date: |
| Signed:<br>Position in firm: | Name:<br>Date: |
| Signed:<br>Position in firm: | Name:<br>Date: |
| Signed:<br>Position in firm: | Name:<br>Date: |

Please send you completed form to:  
**Lexelle Limited Agency Applications, PO Box 4428, Sheffield, S9 9DD**