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| **THIS FORM IS ONLY FOR DIRECT CLIENTS** (where we are acting directly on behalf an insured or reinsured) that are either Commercial Entities (Companies) or Retail Consumers (Private Individuals) that are being offered Consumer Credit only |
| 1. **CLIENT APPLICATION DETAILS**
 |
| **1.1 Full legal name of Client** | *Name of new Direct Client.*  |
| **1.2 Correspondence address** | **1.3 Contact details** |
| *Address of new Direct Client.* | Name | *Name of main contact.* |
|  | Telephone | *Telephone of main contact.* |
|  | E-mail | *Email address of main contact.* |
|  | Website | *Website address of new Direct Client.* |
| **1.4 Account Type** **(Please Tick)**:  |
| Direct Client – Commercial  | [ ]  | Direct Client – Retail Consumer (Private Individual)\*\* | [ ]  |
| \*\**Note*: This form is not required for Retail Consumers being offered general insurance\*\*  |
| 1. **BACKGROUND INFORMATION**
 |
| **2.1 How you know the Client and how they were introduced to the company (also include any other background information)**  |
| *Give details of how you know the Client, including how they were introduced to us. Provide any other background information which may show how we know the Client.*  |
| **2.2 Have you met with the Client (either in person or via video call) or spoken to them on the telephone?** |
| **Yes** | [ ]  | **No** | [ ]  | **If Yes, please provide meeting notes or telephone notes** |
| *All meetings or telephone calls with the Agency should be recorded by a meeting/telephone note or email and submitted with this form. Notes are vital for the approval process to evidence how well we know the new Client.* |
| **3.2 Proposed business – including classes of business.** |
| *Give details of the type of business we will be placing for the Client.* |

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| **3. KNOW YOUR CLIENT (KYC) INFORMATION & DOCUMENTATION** Please provide as much of the following information and attach copy documentation where applicable |
| **Information and documentation** | **Tick below** | **Further information / Comments** |
| 1. **COMMERCIAL CLIENTS ONLY**
 |
| Company Registration details | Number |  | Date established |  |
| Bank details on company headed paper | [ ]  |  |
| Financial Statements / Accounts | [ ]  |  |
| Meeting Notes or Telephone Notes | [ ]  |  |
| Other (please specify) | [ ]  |  |
| 1. **RETAIL CONSUMER CLIENTS ONLY (FOR CONSUMER CREDIT ONLY)**
 |
| Valid Passport or Driver Licence | [ ]  |  |
| Meeting Notes or Telephone Notes | [ ]  |  |
| **PLEASE SUBMIT THIS FORM ELECTRONICALLY TO PSC EU COMPLIANCE: compliance@pscinsurance.ie** |
| **5. COMPLIANCE REVIEW to be completed by Compliance** | **Yes** | **No** | **N/A** |
| Sufficient KYC documents attached | [ ]  | [ ]  |  |
| Sanctions check completed and attached  | [ ]  | [ ]  |  |
| TOBA in place | [ ]  | [ ]  | [ ]  |
| **Compliance Comments** **(if necessary)** |  |
| **6. APPROVAL to be approved by Compliance** |
| **ComplianceComments** **(if necessary)** |  |
| **7. WEBSURE to be completed by Compliance** | **Yes** | **No** |
| Added to Websure | Websure Account ID |  | [ ]  | [ ]  |