|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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.* | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 | |  | | | |  |  | |