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| **THIS FORM IS ONLY FOR THIRD PARTIES** (e.g. Introducers, Surveyors, Loss Adjusters, Auditors) | | | | | | |
| 1. **THIRD PARTY APPLICATION DETAILS** | | | | | | |
| **1.1 Full legal name of Third Party** | | | | | *Name of new Third Party.* | |
| **1.2 Correspondence address** | | | | | **1.3 Contact details** | |
| *Address of new Third Party.* | | | | | Name | *Name of main contact.* |
|  | | | | | Telephone | *Telephone of main contact.* |
|  | | | | | E-mail | *Email address of main contact.* |
|  | | | | | Website | *Website address of new Third Party.* |
| 1. **BACKGROUND INFORMATION** | | | | | | |
| **2.1 How you know the Third Party and how they were introduced to the company (also include any other background information)** | | | | | | |
| *Give details of how you know the Third Party, including how they were introduced to us. Provide any other background information which may show how we know the Third Party.* | | | | | | |
| **2.2 Have you met with the Third Party (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 Third Party 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 Third Party.* | | | | | | |
| **3.2 Proposed business – including classes of business.** | | | | | | |
| *Give details of the commercial rationale to support any third party payment.* | | | | | | |

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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 THIRD PARTIES 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. **INDIVIDUAL THIRD PARTIES 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 | |  | | | |  |  | |