

Housing Bond Alliance

# Broker Application form

NOTE: Should there be insufficient space for any answers please continue on the back sheet.

## Application information

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Company Name: |  |  |  | Company Number: |  |  |
|  |  |  |  |  |  |  |  |  |
| Address: |  |  |  | Phone: |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  | Email:  |  |  |
|  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| POC Full Name: |  |  |  | Position: |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |
| Website: |  |   |  |  |  |  |

## Experience

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Have you previously procured a bond in the social housing industry?  |  | Yes ☐ | No ☐ |  |  |  |
|  |  |  |
|  |  |  |
| If answered yes to the above question, please detail your top 3 largest social housing bond completions: |  |
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| --- | --- | --- |
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| Are you directly authorised by the Financial Conduct Authority?  |  | Yes [ ]  | No [ ]  |  |
| If no, please contact our Broker Agency Department before filling out this form. |  |  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Have any *principle partners or directors been convicted of any criminal offence?*  |  | Yes ☐ | No ☐ | Have any principle partners or directors ever been involved in bankruptcy proceedings, company liquidations, arrangements with creditors or been disqualified from holding a Directorship? |  | Yes ☐ | No ☐ |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Estimated Turnover: |  |   |  | Most recent accounts turnover: |  |   |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Number of Staff: |  |   |  | Number of years trading: |  |   |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Shareholder Funds: |  |   |  | Net worth: |  |   |

|  |  |  |  |
| --- | --- | --- | --- |
| Please provide your Data Protection Act Registration Number: |  |  |  |

## Directors’ Information

Please provide information in respect of each Principal, Partner / Director & Key Stakeholders:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Date of Birth** | **Position In Company** | **Insurance Experience and Relevant Qualification(s)** | **Nationality and Residency** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

## If a Limited Company, please state:

1. Issued Share Capital:
2. Paid up Share Capital:
3. Shareholding Details:

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Shareholders / Beneficial Owners** | **Date of Birth** | **Number of Shares Held** | **Nationality and Residency** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## Please provide details of all current Underwriting Partnerships

|  |  |  |  |
| --- | --- | --- | --- |
| **Surety Name** | **Company Number** | **FCA Regulated?** | **Registered Address** |
|  |  |  |  |
|  |  |  |  |
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## Please provide 3 references from Registered Providers you’ve worked with in the past:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Full name: |  |  |  | Relationship: |  |  |
|  |  |  |
| Company: |  |  |  | Phone: |  |  |
|  |  |  |
| Address: |  |  |  | Email: |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Full name: |  |  |  | Relationship: |  |  |
|  |  |  |
| Company: |  |  |  | Phone: |  |  |
|  |  |  |
| Address: |  |  |  | Email: |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Full name: |  |  |  | Relationship: |  |  |
|  |  |  |
| Company: |  |  |  | Phone: |  |  |
|  |  |  |
| Address: |  |  |  | Email: |  |  |

**Please provide a supporting statement as to why the HBA should consider your application (max 1000 words)**

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**Please attach your profit and loss and balance sheet.**

**Notes (if applicable):**

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## Disclaimer and signature

**Joining Fee: £2,500 Annual Fee: £4,450**

1. Upon successful payment, you will be officially included as a member of the Housing Bond Alliance's registered panel of brokers.
2. The initial fee is non-refundable and represents a one-time annual charge.
3. Cancellation is not permitted within the 12-month period. To cancel your membership, a six-month notice is required.
4. We reserve the right to modify any terms and conditions at our discretion.
5. Attach all supporting documents.

I certify that my answers are true and complete to the best of my knowledge.

This application will be reviewed by our panel and you will hear back accordingly, if they decide to proceed to the next steps.

If you require assistance with this application please contact our broker support team on 0203 781 1222.

|  |  |  |
| --- | --- | --- |
| Full Name (BLOCK CAPITALS) |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Signature: |  |  |  | Date: |  |  |