

# Mortgage Intermediary Agency Application

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Tel: \_\_\_\_\_

Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

## COMPANY DETAILS

Application in respect of: Limited Company  Partnership  Sole Trader

Trading Name/Registered Business Name if different from above:

\_\_\_\_\_

### Limited Company

Company Registration Number: \_\_\_\_\_

Tax Reference Number: \_\_\_\_\_

### Sole Trader/Partnership

PPSN Number: \_\_\_\_\_

Do you currently have Authorisation from  
The Financial Regulator to act as a Mortgage Intermediary

Y  N

Authorisation Number: \_\_\_\_\_

Renewal Date: \_\_\_\_\_

Are you a Member of: IBA  IMAF  PIBA

**BANK DETAILS**

Bank Name: \_\_\_\_\_

Branch: \_\_\_\_\_ Sort Code: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Account Name:

Account Number:

*S.H.I.P. is a registered business name of Seniors Finance Ireland Limited (company number 393642) a wholly owned subsidiary of Shared Home Investment Plan Limited.*

**DECLARATION**

I/We apply to be appointed as a Mortgage Intermediary for Seniors Finance Ireland Limited (the Company).  
I/We declare that the information given in this form is complete and accurate.  
I/We declare that I/We have read and understand my/our obligations under the Consumer Credit Act 1995 and I/We will immediately inform the Company should any failure to comply with its requirements arise.

**To be completed by ALL Directors/Partners:**

Name	Position	Signature	Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Please attach additional details if necessary.  
Please supply a copy of your Financial Regulator Authorisation.**