

# Intermediary Registration Form – Savings

Please complete and return this form if you are submitting an application to Scottish Widows Bank for the first time.

## 1. Intermediary Details

Full name of Firm

Contact Name

Postal Address

Postcode

Mobile Number

Telephone Number

Fax Number

Scottish Widows Agency No. (if known) A

FSA Authorisation No.

E-mail Address

**The following information (Sections 2 and 3) will be used for management information purposes and to ensure procurement fees are paid correctly. No commission payments will be issued until the cumulative figure equals or exceeds £100.**

## 2. Details of Intermediary Network or Broker Group

Are you linked to an Intermediary Network/Broker Group or Savings Club? Yes  No

If Yes, Name

Membership No. (if known)

## 3. Company Bank Details

**If you are part of a network your fees will normally be paid via them. If you are not part of a network or wish your fees to be paid through an alternative channel, please enter the appropriate details here. Payments will be made by BACS only.**

Bank

Branch

Address

Postcode

Account Number

Sort Code

Account Name

Please note that any changes to the above must be advised by you in writing prior to introduction.

Please note that we require a cancelled cheque or original Bank Statement along with the registration form to confirm the bank details.

Authorised Signature

Date (DD MM YYYY)

Name (please print)