

Introducer Registration Form

Company: _____ Contact Name: _____

Address: _____

_____ Postcode _____

Telephone: _____ Email: _____

Fax : _____ Mobile _____

Directly Authorised : YES / NO If YES, FSA Number: _____

If NO, please provide full name and FSA number of the Network to which you belong.

All introducers are required to have a valid Consumer Credit Licence.

CCL number: _____
Please attach a copy with this fax.

Signed : _____ Name (please print): _____

Position : _____ Date: _____

Please send back to Lotus Benefit Consultants Ltd
Fax: 0871 666 0405

