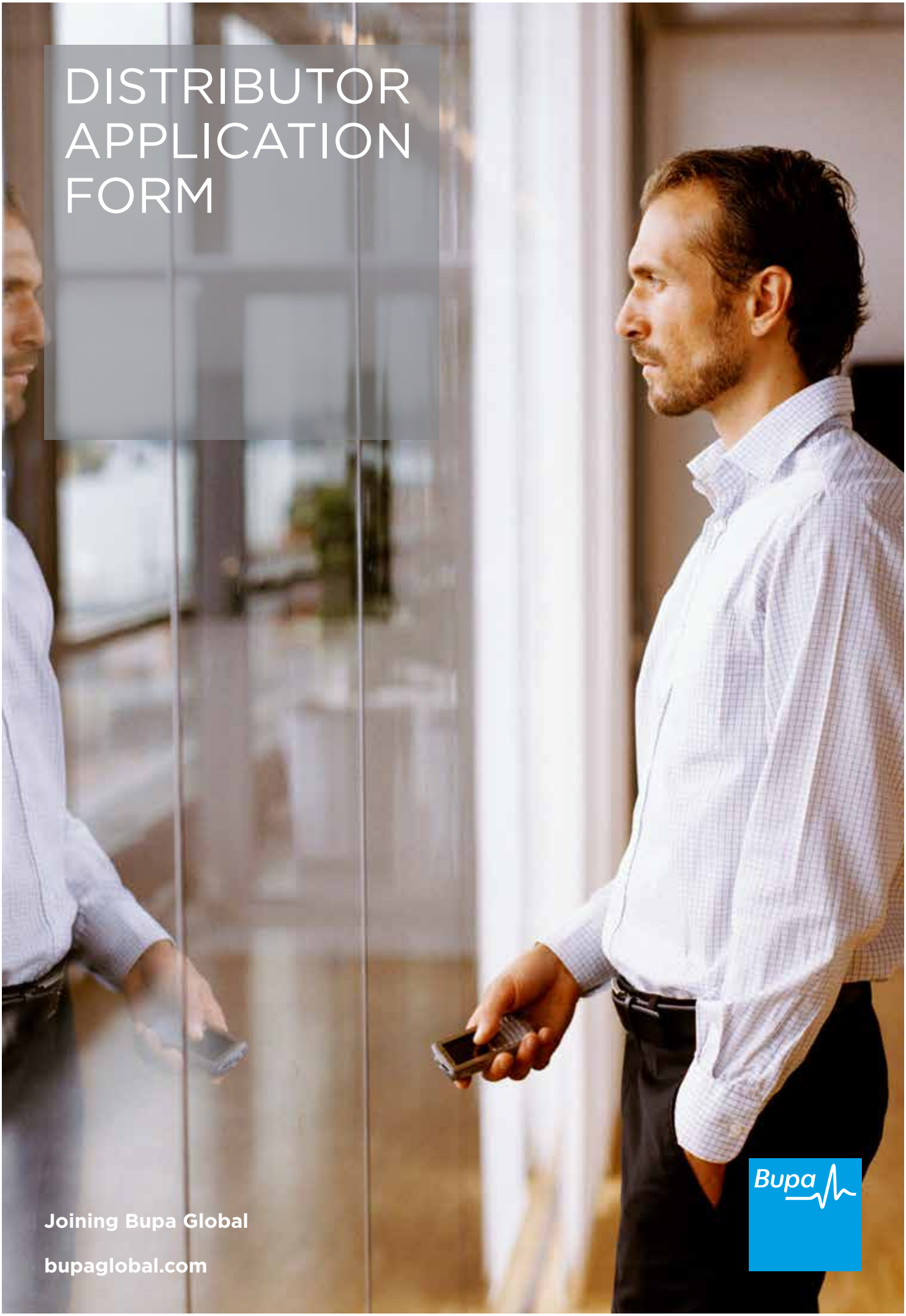
DISTRIBUTOR APPLICATION FORM



Joining Bupa Global

bupaglobal.com

IMPORTANT INFORMATION

If you have any questions, please contact our Broker Contracts team by emailing HongKongIntermediaryMailbox@bupa.com

Once completed you can scan and email to the above address or post to: Bupa Global, 18/F Berkshire House, 25 Westlands Road , Quarry Bay, Hong Kong.

All information will be treated in the strictest confidence. Please complete all relevant sections of the form in black ink and BLOCK CAPITALS.

We will not be able to process your application if this form is incomplete. Please be sure to check the entire form and complete the checklist below.

***Please note that we cannot guarantee the security of email as a method of communication. Some companies do monitor email traffic, so please bear this in mind when sending us confidential information.**

CHECKLIST - PLEASE MAKE SURE:

The information you have given in sections 1-13 is correct and complete.	◯
You have read, signed and dated the declaration in section 14.	◯
You have included a copy of your:	
Company Registration	◯
Regulatory Certificate/Documentation	◯
Professional Indemnity Schedule	◯
Written permission for your bank to provide Bupa Global with a banking reference	◯

Name of Business Development Consultant	FOR BUPA GLOBAL USE ONLY

1 YOUR DETAILS

a. Your name

b. Your position

c. Company name

d. Registered address

Postcode

e. Trading name (if different from registered name)

f. Type of company (please tick) Sole trader ◯ Partnership ◯ PLC ◯ Ltd Co. ◯

g. Trading address* (if different from above)

Postcode

Tel number Fax number

(Please include country code, area code and number)

Email address

Website address

Type of premises (please tick) Private ◯ Office ◯ Shop front ◯ Other ◯

Date you moved in to current premises D D M M Y Y

** If you have been at the above address for less than five years, please give all previous addresses in the last five years (using a separate sheet if necessary).*

List all other names under which you have conducted business, including the time period for each

Name		Period	
Name		Period	
Name		Period	
Name		Period	
Name		Period	

2 REGULATION AND/OR LICENSE DETAILS

Please provide details of any authorisation, registration or license with any Regulatory Authority or Government Agency.
Please include copies of any registration documents or certificates with your application form.

Organisation

Registration number

Date of registration D D M M Y Y

Date of termination D D M M Y Y

Reason for termination

Are you authorised to hold client money? Yes ◯ No ◯

Expiry date of current license D D M M Y Y

Do you currently hold or have the facilities to hold client money? Yes ◯ No ◯

Please provide details of client money arrangements below.

2A OTHER PROFESSIONAL AND/OR SELF-REGULATORY BODIES

Please provide details of any registration with any recognised professional and/or self regulatory bodies.
(If more than one please go to section 12). **Please include copies of any registration documents with your application form.**

Organisation

Registration number

Date of registration D D M M Y Y

Date of termination D D M M Y Y

Reason for termination

3 UK BASED BROKERS ONLY

Are you intending to be or have you ever been an appointed representative of a firm regulated by the Financial Conduct Authority or its predecessor ? Yes ◯ No ◯ If ticking Yes please complete the details below.

Name of Principal

Registration number

Date of registration D D M M Y Y

Date of termination D D M M Y Y

Reason for termination

4 PRINCIPALS, PARTNERS, DIRECTORS & BENEFICIAL OWNERS

We want to ensure that when we contact your business, we always speak to the right people.

Please provide full name, (using separate sheet if necessary) of any Principals.

Title

First name

Other initials

Family name

Address

Email address

Tel number

Fax number

(Please include country code, area code and number)

Please provide full name, (using separate sheet if necessary) of any Partners.

Title

First name

Other initials

Family name

Address

Email address

Tel number

Fax number

(Please include country code, area code and number)

Please provide full name, (using separate sheet if necessary) of any Directors.

Title

First name

Other initials

Family name

Address

Email address

Tel number

Fax number

(Please include country code, area code and number)

4 PRINCIPALS, PARTNERS, DIRECTORS & BENEFICIAL OWNERS

Please provide full name, (using separate sheet if necessary) of any Beneficial Owners. A beneficial owner is person who enjoys the benefits of ownership even though title is in another name or group of individuals that, either directly or indirectly, has the power to vote or influence the transaction decisions within the company.

Title | First name

Other initials | Family name

Address

Email address

Tel number | Fax number

(Please include country code, area code and number)

5 BRANCHES OR FIELD SALES TEAMS IN OTHER TERRITORIES OR COUNTRIES

Do you have branches or field sales teams in any other jurisdictions or countries? Yes ◯ No ◯
If ticking Yes, please provide details of any membership of, or authorisation by any Regulatory Authority, Government Agency recognised professional body or self regulating organisation which the branch holds.

Branch or Field Sales Team address

Email address

Products sold

Contact and position

Tel number | Fax number

(Please include country code, area code and number)

If you have more than one branch or field sales team please provide details on a separate sheet.

6 COMPANY SERVICES

Which of the following services does your company / partnership offer?

Member Helpline ◯ Third party administration ◯ Group secretary services ◯ Claim Helpline ◯

Customer service team ◯ Other ◯ **(Please describe below)**

7 ADDITIONAL INFORMATION

	Have you, or any of the principals, partners, directors or controllers of the firm ever: (please tick)	Yes	No
1	Become subject to an adverse finding, whether past or pending, by a regulatory, trade, professional, public, industry or consumer body, or by any tax or government authority?		
2	Been the subject of any bankruptcy or insolvency proceedings?		
3	Had refused, suspended, withdrawn, or made subject to a non standard conditions or restrictions any licence, permission or authorisation to do any type of business?		
4	Been a defendant in any civil proceedings, or party to any arbitration in relation to any financial business or the subject of any criminal proceedings?		
5	Ceased trading in circumstances in which one or more of your/their creditors did not receive full payment?		
6	Been disqualified from acting as a director of a company, or from acting on the management or conduct of affairs of any company, partnership or unincorporated association?		
7	Been convicted of a criminal offence, other than motoring?		
8	Been charged with any offence involving violence, fraud, or other dishonesty?		
9	Had an application to represent an insurance office refused, or a previous agency cancelled?		

If the answer to any of these is yes, please provide details below, using the additional space in section 12 if necessary.

8 PROFESSIONAL INDEMNITY (PI) INSURANCE & MONEY LAUNDERING

Please attach a copy of your current PI schedule

Please state the name of the person(s) responsible for the firm's compliance with regulatory responsibilities, including Money Laundering Regulations, and the maintenance of adequate PI cover

Name _____ Status _____

Name _____ Status _____

If applicable, please state name of money laundering reporting officer _____

Do you hold professional indemnity insurance for the selling of PMI? Yes ◯ No ◯

Does the cover meet the relevant regulatory requirements? Yes ◯ No ◯

Name of your PI insurer _____

Policy number _____

Renewal date D D M M Y Y

Does your organisation have an anti bribery and corruption policy? Yes ◯ No ◯ **If yes please provide details below.**

_____

_____

_____

_____

_____

9 BANK DETAILS

Please give the name and address of the bank into which to pay commission. If your account is held in a different country other than the one shown in Section 1 (Your Details) please explain why?

Name

Address

Postcode

Account name

Account number

Sort code - -

* SWIFT BIC

* IBAN

In order to ensure that your commission payments are received promptly please complete your SWIFT BIC or IBAN details.

*** Details only required if payment is being made within Europe, including the Channel Islands.**

10 REFERENCES

Any additional costs or charges incurred by you for obtaining references will be your responsibility; Bupa Global will not pay for this. **Most banks will ask for written permission from the account holder to provide the reference, so please submit this with the application form.**

Business reference 1: How long have they been known to you? M M Y Y

Name

Address

Postcode

Email address

Tel number Fax number

(Please include country code, area code and number)

Business reference 2: How long have they been known to you? M M Y Y

Name

Address

Postcode

Email address

Tel number Fax number

(Please include country code, area code and number)

Banking reference

Contact name

Bank name

Bank address

Postcode

Length of time with bank M M Y Y

Contact Email address

THE ACADEMY

11 THE ACADEMY

IMPORTANT INFORMATION

The Academy is a one-stop learning resource that provides ongoing training and development for our Distributors.

Please provide details below of up to five staff or team members that you wish to enrol onto the Academy.
If you require access for more than five people, please speak to your Business Development Consultant.

The first contact, entitled, 'Academy administrator' will be responsible for ensuring all enrolment details for your organisation are correct and updated (e.g. new starters, leavers etc). All information provided will be treated in the strictest confidence and in adherence to the UK Data Protection Act and the Personal Data (Privacy) Ordinance in Hong Kong.

Academy administrator

Name	
Job Title	
Email address	
Location	

Employee 1

Name	
Job Title	
Email address	
Location	

Employee 2

Name	
Job Title	
Email address	
Location	

Employee 3

Name	
Job Title	
Email address	
Location	

Employee 4

Name	
Job Title	
Email address	
Location	

12 ADDITIONAL INFORMATION

Please use this space to provide additional information in respect of any of the preceding sections.

13 EMAIL ALERTS

Every time new business is added to your portfolio, Bupa Global can send you an email as confirmation.

Would you like to receive this service? Yes ◯ No ◯ **(If yes, please confirm the email address below you would like the alert to be sent to)**

Email address	

14 DECLARATION

I/we declare the information given is correct, and that all information relevant to this application has been disclosed.

I/we hereby apply to enter into the Agreement with Bupa (Asia) Limited ("Bupa Global") for the introduction of international private medical insurance and/or travel business. I/We understand that, if successful, this application together with the:

- Confirmation Letter
- Business Agreement
- Commission Policy

will constitute the Agreement between me/us and Bupa Global.

Commission will be paid in accordance with the Commission Policy, unless otherwise agreed by Bupa Global in writing.

I/we authorise Bupa Global to make such enquires as deemed necessary in consideration of this application.

I/we understand that the Agreement, if granted may be terminated by either party on 30 days written notice, subject to the Agreement. The Agreement will in any event be kept under review and may be terminated if volume and standard of business is not acceptable to Bupa Global.

I/we agree to manage conflicts in the interests fairly between me/us and our customers and between a customer and another client.

I/we will immediately disclose to Bupa Global where a conflict of interest arises or could potentially arise.

I/we understand that information supplied to Bupa Global will become part of the data held by Bupa Global in accordance with the Data Protection Act 1998 and the Personal Data (Privacy) Ordinance of Hong Kong (the "Ordinance"). Access to such data may be granted by Bupa Global to others on a strictly confidential basis in the course and for the purposes of efficient administration of Bupa Global and the maintenance of those relationships.

I/we confirm that we meet all legislative and regulatory requirements applicable to my/our business.

I confirm by signing below that I am an authorised signatory for the business.

Under and in accordance with the terms of the Ordinance, I understand that I have the following rights:
a. to check whether Bupa Global holds personal information relating to me/us and to access such personal information;
b. to require Bupa Global to correct any personal information relating to me/us which is inaccurate, and
c. to ascertain our policies and practices in relation to personal data and to be informed of the kind of personal data held by Bupa Global,
Requests can be made in writing to Bupa Global's Data Protection Officer at the following address:

Data Protection Officer
18/F, Berkshire House
25 Westlands Road, Quarry Bay, Hong Kong

In accordance with the terms of the Ordinance, Bupa Global has the right to charge a reasonable fee for the processing of any personal information access or correction request.

SIGNATURE	DATE					
	D	D	M	M	Y	Y
Name of signatory						
Position of signatory						

General services:
+852 2531 8570
Your calls may be recorded and may be monitored.

Bupa Global
18/F Berkshire House,
25 Westlands road, Quarry Bay, Hong Kong

Bupa Global offers you:
Global medical plans for individuals and groups
Assistance, repatriation and evacuation cover
24-hour multi-lingual helpline

bupaglobal.com

The world of Bupa

Care homes
Cash plans
Dental insurance
Health analytics
Health assessments
Health at work services
Health centres
Health coaching
Health information
Health insurance
Home healthcare
Hospitals
International health insurance
Personal medical alarms
Retirement villages
Travel insurance

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