

## I.F.A registration details



In order for DG Mutual to comply with FSA regulations and to help us give you the best possible support, would you please complete and return this form on behalf of your firm.

*(block capital please)*

Business Name .....

Address .....

.....

..... Postcode .....

*(if there is more than one office, please supply a separate list, with contact names and telephone etc. details)*

Telephone ..... Facsimile .....

E-mail .....

How did you first hear about the Society? .....

.....

Please provide your firms FSA registration number .....

Please provide the name of any network to which you belong (and your membership reference number). Please state where commission should be paid

.....

.....

If you would like the commission to be paid by Direct Credit, please provide the following details.

Bank Sort Code:

Bank Account No:

Bank Account Name: .....

If you do not wish to be DG Mutual's regular contact, please provide the details of an alternative contact.

Name .....

Telephone Number: .....

E-Mail .....

### Formal request and Authority to Seek References

I/we request DG Mutual to include me/us on their panel of approved Independent Financial Advisers.

Name .....

Signature ..... Date .....

### The Dentists' & General Mutual Benefit Society Limited

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Incorporated in 1999 under the Friendly Societies Act, 1992 (No. 456F)

Member of the Association of Friendly Societies. Authorised and Regulated by the Financial Services Authority.