

# Intermediary change of details form

Allianz Insurance plc



Agency No.

Effective date for change(s)

Please provide brief details outlining the reasons for the change(s) and complete sections below as appropriate:

## Section A – Changes of company names and/or addresses

1 Have either of the following registration numbers changed as a result of the changes outlined below?

a Company Registration Number Yes  No  New Number

b FSA Registered Number Yes  No  New Number

2 If any of the following changes are required to be notified to the FSA, please provide the date of notification

3 a New Company Registered name

b New / Additional Trading name(s)

c How would you like your name to appear on policy documentation (please note a maximum of 30 characters is available, including spaces)?

4 a New Registered address

Postcode

Telephone number  Facsimile number

b New Trading address

Postcode

Telephone number  Facsimile number

E-mail address

## Section B – Changes to Partners/Directors or changes in shareholdings

5 Change of Partners and/or Directors

(Please provide a current list of all partners and/or directors. Use space provided under section 7 for additional information).

Full Name

Occupation/Position

Private Address   
Postcode

Date of Birth  Date of Joining Business

Shareholder Yes  No  Shareholder Percentage  %

Full Name

Occupation/Position

Private Address   
Postcode

Date of Birth  Date of Joining Business

Shareholder Yes  No  Shareholder Percentage  %

## Section B – Changes to Partners/Directors or changes in shareholdings

*continued*

Full Name	<input type="text"/>				
Occupation/Position	<input type="text"/>				
Private Address	<input type="text"/>		Postcode	<input type="text"/>	
Date of Birth	<input type="text"/>	Date of Joining Business	<input type="text"/>		
Shareholder	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Shareholder Percentage	<input type="text"/> %	
Full Name	<input type="text"/>				
Occupation/Position	<input type="text"/>				
Private Address	<input type="text"/>			Postcode	<input type="text"/>
Date of Birth	<input type="text"/>	Date of Joining Business	<input type="text"/>		
Shareholder	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Shareholder Percentage	<input type="text"/> %	

## Section C – Notification of other changes

**6** Has your Professional Indemnity Insurance details changed since you last notified us?

Yes  No

If so please state and forward evidence of the following for our records:

- Name of insurer
  - Policy number
  - Renewal date
  - Limit of indemnity
- Expiry date
- Excess applicable

**7** Please state any additional information here or on a separate sheet if necessary.

### **8 Declaration**

I/we understand that Allianz Insurance plc may take up references in connection with these amended details.

I/we confirm that I/we am/are authorised by those involved to provide personal details in connection with these individuals, for the purposes of this change.

### **9 Data Protection Notification**

Allianz Insurance plc may use the personal details you give us or supplied by third parties to administer your agency facilities with us. We may search the files of Credit Reference Agencies, who may keep a record of the search, to support the development of our business by including your details in Agency Surveys and for market research and compliance business reviews. We may also share your details with the appropriate regulatory authorities and other insurance companies. We will store your details but will keep them no longer than is necessary. Under the terms of the Data Protection Act 1998, you are entitled to a copy of all the information we hold about you. Details may be transferred to countries outside of the EU. They will at all times be held securely and handled with the utmost care in accordance with all principles of the UK law.

Authorised Signature	<input type="text"/>	Date	<input type="text"/>
Full Name (please print)	<input type="text"/>		
Designation	<input type="text"/>		