# Member Data Form

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the professional advice website

**IFAP Membership Number** ____________ **Company Name** ____________

To continue to be included on the IFAP database, at least one adviser authorised to conduct independent investment business must be available at the branch listed.

- **Investments** List below the full name/s and FSA Individual Reference number of individual/s in your firm that are registered with the FSA and authorised to conduct **'Independent'** (i.e. whole of market and offering consumers the option of paying by fee) **Investment** business at your address.

| Name | FSA Individual Reference (e.g. NXL12345) | Individual's E-mail Address |
|---|---|---|
| Mandatory | Mandatory | Mandatory |
| | | |
| | | |
| | | |
| | | |

**Please note:** If you do not list at least one name in the 'Investments' category above, IFAP reserves the right to remove your firm's details from its database.

- Please confirm (by ticking the appropriate boxes below) that advisers employed in your firm are authorised to give **'Independent'** advice (i.e. whole of market and offering consumers the option of paying by fee) on the following business categories:

☐ **Mortgages**
☐ **Protection**
☐ **General Insurance**

**I confirm** that the information given above is true and correct to the best of my knowledge. I understand it is my responsibility to notify IFAP immediately in writing should the status of this firm (or any of the individuals listed above) change in relation to each of the business categories listed above.

**Print Name** ____________

**Position** ____________

**Signature** ____________

**Date** ____________

**Email Address** ____________

## 1. Business Areas and Exclusions

Categories can only be selected if either the Independent Investment adviser(s) listed on Page 1 undertakes to conduct the selected business areas and/or a whole of market adviser who offers a fee option undertakes to conduct the business areas selected.

From the list below, please select your top nine business areas – labelling your choices 1-9 in the boxes provided (choice 1 being of highest importance). Please do not select more than nine options. It is important that you complete this section as it allows enquirers to make a more informed choice about the IFA they are looking for.

| | | |
|---|---|---|
| **Equity Release** | **Investment Trusts** | **Saving for Children** |
| **Ethical Investments** | **ISAs/OEICs/Unit Trusts** | **Stockbroking Services** |
| **Expatriate Services** | **Mortgages** | **Taxation Planning** |
| **General Insurance** | **Offshore Investments** | **Traded Endowment Policies** |
| **Healthcare** | **Personal Protection** | **Commercial Mortgages*** |
| **Long Term Care** | **Personal Retirement Planning** | **Group/Stakeholder Pensions*** |
| **Investment & Saving** | **Personal Stakeholder Pensions** | **Group Protection*** |

*see question 3

If you have selected Mortgages as one of your business areas, please select your top 7 out of the following 12 options.

| | | | |
|---|---|---|---|
| **Residential** | **Flexible** | **Right to buy** | **First time buyers** |
| **High loan to value** | **Self-employed** | **Re-mortgage** | **Buy-to-let** |
| **Commercial for individuals** | **Sub-prime** | **Self-build** | **Overseas** |

If you have selected General Insurance as one of your business areas, please select your top 6 out of the following 10 options.

| | | | |
|---|---|---|---|
| **Home and Leisure** | **Motorbike** | **Car** | **Travel** |
| **Caravan** | **Large Business** | **Small Business** | **Commercial Motor** |
| **Buildings and Contents** | **Pet Insurance** | | |

## 2. Business Exclusions

Please indicate below if you do not specifically transact business in any of the areas listed. Please do not select more than five entries.

**Choice 1** ______ **Choice 2** ______ **Choice 3** ______

**Choice 4** ______ **Choice 5** ______

## 3. Corporate 'Find an IFA' Database

If you have selected either: **Commercial Mortgage, Group Pensions/Stakeholder and/or Group Protection** in choices 1 to 9 in your business areas, you will automatically be included on the database of corporate IFAs.

Please indicate below the size of company that you are able to deal with (one only).

**1-20 employees** **21-100 employees** **101+ employees**

## 4. Other Services

Do you carry out Execution Only business? **Yes** **No** Are you are a 'General Practitioner' IFA? **Yes** **No**

Please indicate whether you have the following IFAs practising at the registered address (including yourself).

**Male only** **Female only** **Both Male & Female**

## 5. Charging Methods

Please indicate how you charge clients for receiving financial advice.

☐ **Fees or Commission** ☐ **Fees only**

## 6. Company Description

If you would like to change your current Company Description please provide details below, in up to a maximum of 75 words. If you specialise in a business area that is omitted from the list above, we recommend you refer to it in your company description.

## 7. FSA reference number(s), please can you detail them below

**FSA Number** **FSA Number**

## 8. Contact Details

**Branch E-mail Address**

**Web Address**

Please complete question 9 for each individual Independent Financial Adviser.

## 9. Registering your qualifications on IFA Promotion's database

To register your qualification details with IFA Promotion, please complete the information overleaf. Please use Column A to tick any qualifications you hold. If you would like the qualification abbreviation to be put after your name on all future IFA Promotion correspondence, please indicate by ticking Column B.

IFA Promotion will take completion and return of this document as confirmation of your authorisation to verify any data provided with the relevant awarding body.

| | |
|---|---|
| **Individual's Full Name** | Mandatory |
| **Individual's Date of Birth** | Mandatory |
| **FSA Individual Reference** | Mandatory |
| **Individual's E-mail Address** | Mandatory |
| **Branch Address** | |
| **Awarding Body PIN (if known)** | |

**Please note: Each individual wishing to register is required to do so on a separate photocopied form (please copy pages 4 and 5).**

| Awarding Body | Name of Qualification | Abbreviation | Tick if Qualification held (Column A) | Tick if Abbreviation used after name (Column B) |
|---|---|---|---|---|
| The Chartered Institute of Bankers in Scotland | Associate of the Chartered Institute of Bankers in Scotland | ACIBS | | |
| The Chartered Institute of Bankers in Scotland | Certificate in Investment Planning | CIP | | |
| The Chartered Institute of Bankers in Scotland | Certificate in Mortgage Advice and Practice | CMAP | | |
| The Chartered Institute of Bankers in Scotland | Lifetime Mortgage Advice and Practice Certificate | LMAPC | | |
| The Chartered Institute of Bankers in Scotland | Mortgage Advice and Practice Certificate | MAPC | | |
| Chartered Insurance Institute | Associateship Examination | ACII | | |
| Chartered Insurance Institute | Advanced Financial Planning Certificate | AFPC | | |
| Chartered Insurance Institute | Personal Tax and Trust Planning | AF1 | | |
| Chartered Insurance Institute | Business Financial Planning | AF2 | | |
| Chartered Insurance Institute | Pension Planning | AF3 | | |
| Chartered Insurance Institute | Investment Planning | AF4 | | |
| Chartered Insurance Institute | Financial Planning Process | AF5 | | |
| Chartered Insurance Institute | Investment and Risk | CF2 | | |
| Chartered Insurance Institute | Financial Protection | CF3 | | |
| Chartered Insurance Institute | Retirement Planning | CF4 | | |
| Chartered Insurance Institute | Certificate in Mortgage Advice | CF6 | | |
| Chartered Insurance Institute | Certificate in Financial Planning and Lifetime Mortgage Activities | CF7 | | |
| Chartered Insurance Institute | Certificate in Financial Planning and Long Term Care Insurance | CF8 | | |
| Chartered Insurance Institute | Certificate in Pensions Simplification | CF9 | | |
| Chartered Insurance Institute | Chartered Financial Planner | Chart FP | | |
| Chartered Insurance Institute | Equity Release | ER1 | | |
| Chartered Insurance Institute | Fellow Membership | FCII | | |
| Chartered Insurance Institute | Taxation and Trusts | G10 | | |
| Chartered Insurance Institute | Personal Investment Planning | G20 | | |
| Chartered Insurance Institute | Business Financial Planning | G30 | | |
| Chartered Insurance Institute | Pensions | G60 | | |
| Chartered Insurance Institute | Investment Portfolio Management | G70 | | |
| Chartered Insurance Institute | Long Term Care, Life and Health Protection | G80 | | |
| Chartered Insurance Institute | Supervision and Sales | H15 | | |
| Chartered Insurance Institute | Holistic Financial Planning | H25 | | |
| Chartered Insurance Institute | Home Reversion Plans | HR1 | | |
| Chartered Insurance Institute | Personal Taxation | J01 | | |
| Chartered Insurance Institute | Trusts | J02 | | |
| Chartered Insurance Institute | The Tax and Legal Aspects of Business | J03 | | |
| Chartered Insurance Institute | Pension Funding Options | J04 | | |
| Chartered Insurance Institute | Pension Income Options | J05 | | |
| Chartered Insurance Institute | Investment Principles, Markets and Environment | J06 | | |
| Chartered Insurance Institute | Supervision in a Regulated Environment | J07 | | |
| Chartered Insurance Institute | Retirement Options | K10 | | |
| Chartered Insurance Institute | Pensions Investment Options | K20 | | |
| Chartered Insurance Institute | Mortgage Advice Qualification | MAQ | | N/A |
| Chartered Insurance Institute | Savings and Investments | SV1 | | |
| Pensions Management Institute | Associate | APMI | | |



Continued overleaf.

PTO

Continued from pg 4.

**Please note: Each individual wishing to register is required to do so on a separate photocopied form (please copy pages 4 and 5).**

| Awarding Body | Name of Qualification | Abbreviation | Tick if Qualification held (Column A) | Tick if Abbreviation used after name (Column B) |
|---|---|---|---|---|
| Institute of Financial Planning | Certified Financial Planner | CFP | | |
| Institute of Financial Planning | Fellow of The Institute of Financial Planning | FIFP | | |
| IFS School of Finance | Associate of the Chartered Institute of Bankers | ACIB Pre 1996 | | |
| IFS School of Finance | Advanced Certificate in Mortgage and Practice | Advanced CeMAP | | |
| IFS School of Finance | Certificate in Lifetime Mortgages | CeLM | | |
| IFS School of Finance | Certificate in Mortgage Advice and Practice | CeMAP | | |
| IFS School of Finance | Certificate in Regulated Equity Release | CeRER | | |
| IFS School of Finance | Pensions Paper (CIB) | CIB Pensions | | |
| IFS School of Finance | Professional Investment Certificate | PIC | | |
| Personal Finance Society | Associate | APFS | | |
| Personal Finance Society | Member by Diploma | Dip PFS | | |
| Personal Finance Society | Fellow | FPFS | | |
| Securities and Investment Institute | Certificate in Investment Management | Cert IM | | |
| Securities and Investment Institute | Diploma | MSI | | |
| UK Society of Investment Professionals | Investment Management Asset Allocation Qualification | IMAAQ | | |
| UK Society of Investment Professionals | Investment Management Certificate | IMC | | |

## 10. Signature

**Print name** ______________________ **Your signature** ______________________

**Position** ______________________ **Date** ______________________

**Please send the completed form to IFA Promotion Ltd, 17-19 Emery Road, Brislington, Bristol BS4 5PF**
**E-mail: ifacontact@secure.unbiased.co.uk Fax: 0117 972 4509**
**If you have any queries, please contact us on 0330 303 0025.**