



**ATLASLIFE**

INTERNATIONAL LIFE INSURANCE

Terms of Business  
**Application Form**

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**TO BE COMPLETED BY THE INTRODUCER ONLY.**

We reserve the right to request additional information at any time.

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1. Name of **Company**

FULL NAME			
COUNTRY OF INCORPORATION			
REGISTERED NUMBER			
TELEPHONE NUMBER		MOBILE NUMBER	
CONTACT NAME		EMAIL	
WEBSITE			
REGISTERED ADDRESS			
CORRESPONDENCE ADDRESS <i>(If different from the above)</i>			

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2. Business **Details**

A. Company establishment date   /   /

B. Description of your business activities

C. Please provide us with the full name, date of birth and telephone number of all directors or owners  
*(please use an extra sheet if required)*

D. Please list the countries in which you operate

E. Name of regulating authority of designated professional body to which you belong

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3. Conduct **Information**

Has the Company/Business/Directors/Shareholders ever been:

A.	Involved in any legal proceeding either civil or criminal?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B.	Subject to disciplinary proceedings by any regulatory body or professional association?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
C.	Made bankrupt or been involved in a company that has been dissolved, struck off, wound up or terminated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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### 3. Conduct **Information** (continued)

D. Refused an agency agreement or terms of business with another provider?  Yes  No

If you have answered yes to any of the question in section 3, please provide details

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### 4. Bank **Details**

Commission is paid, net of any bank transfer charges, by telegraphic transfer on a weekly basis and will be paid in the currency of your client's policy. If you operate multi currency accounts, please complete where relevant below.

#### USD **Account**

BENEFICIARY ACCOUNT NAME	<input type="text"/>		
ACCOUNT NUMBER/IBAN	<input type="text"/>		
BANK NAME	<input type="text"/>		
BANK ADDRESS	<input type="text"/>		
SWIFT CODE	<input type="text"/>	BIC	<input type="text"/>

#### GBP **Account**

BENEFICIARY ACCOUNT NAME	<input type="text"/>		
ACCOUNT NUMBER/IBAN	<input type="text"/>		
BANK NAME	<input type="text"/>		
BANK ADDRESS	<input type="text"/>		
SWIFT CODE	<input type="text"/>	BIC	<input type="text"/>

#### Euro **Account**

BENEFICIARY ACCOUNT NAME	<input type="text"/>		
ACCOUNT NUMBER/IBAN	<input type="text"/>		
BANK NAME	<input type="text"/>		
BANK ADDRESS	<input type="text"/>		
SWIFT CODE	<input type="text"/>	BIC	<input type="text"/>

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## 5. Declaration

- A. I hereby apply for terms of business with Atlas Life.
- B. I declare that the information given is true and correct and I agree that this application shall be the basis of the agreement with Atlas Life.
- C. I understand that if it is found that any information provided is untrue, the agreement may be terminated by Atlas Life.
- D. I confirm that I will notify Atlas Life immediately if any changes occur to the ownership, shareholders, directors domicile or regulatory status of the company.
- E. I understand and agree that the information supplied by me in conjunction with this application will become part of the data held by Atlas Life in accordance with the General Data Protection Regulations 2018 and the Seychelles Data Protection Act 2003.
- F. I am fully aware of, and will comply with, the money laundering procedures adopted by Atlas Life for all client applications.
- G. I confirm that the person(s) signing this application are authorised to sign on behalf of the Company.

<b>SIGNATURE OF FIRST AUTHORISED SIGNATORY</b>
<b>NAME</b>
<b>POSITION</b>
<b>DATE</b> <input type="text" value="D"/> <input type="text" value="D"/> / <input type="text" value="M"/> <input type="text" value="M"/> / <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>

<b>SIGNATURE OF SECOND AUTHORISED SIGNATORY</b>
<b>NAME</b>
<b>POSITION</b>
<b>DATE</b> <input type="text" value="D"/> <input type="text" value="D"/> / <input type="text" value="M"/> <input type="text" value="M"/> / <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>

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## 6. Checklist

### INDIVIDUAL DUE DILIGENCE

- Copy of passport of Director/Owner
- Proof of business address e.g. recent original Utility Bill or Bank Statement

### COMPANY DUE DILIGENCE

- Copy of Certificate of Incorporation
- Copy of Share Register
- Copy of Directors Register
- Copy of passport of at least two Directors
- Proof of business address e.g. recent original Utility Bill or Bank Statement
- Copy of a valid Regulatory License issued by the relevant Authority or Professional Body in the business territory, clearly stating that the firm is authorised to carry out its business activities

<b>FOR OFFICE USE ONLY</b>
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