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**Intermediary Accreditation Form**

**IVA Related Firms**

*Please complete this form as fully as possible to avoid any delay and then return to The Select Partnership.*

*Once all details have been confirmed as satisfactory a formal Intermediary Agreement will be issued for signature.*

*Details of our Privacy Notice can be found at our*  web-site at [www.theselectpartnership.co.uk](http://www.theselectpartnership.co.uk)

**Company**

Company Name …………………………………………………………………………………………………………………………

Additional Trading Name(s) …………………………………………………………………………………………………………………………

Registered Office Address …………………………………………………………………………………………………………………………

Any other trading address(es) …………………………………………………………………………………………………………………………

**Contact**

Main Contact Name ………………………………………………………………………………

Contact email address ………………………………………………………………………………

Contact telephone Number(s) ………………………………………………………………………………

web-site address(es) ………………………………………………………………………………

**Registrations**

Companies House Reg. No. ……………………………………………………………………..

**Directors/Owners**

*Please provide us with a list of all Directors/Owners full names and addresses over the past 3 years, together with a list of current Insolvency Practitioners.*

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**General Business Activities / background**

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**Signed on behalf of Intermediary**

Signature ……………………………………………………………………………………….

Name ……………………………………………………………………………………….

Date ……………………………………………………………………………………….