

**DETAILS** 

## **PARTNER REGISTRATION FORM** 01329 277 599 info@vibefinance.co.uk

Introducer Full Name:	Company Name:			
Registered Office Address:				
Postcode:	Office Telephone Number:	Mobile Number:	Mobile Number:	
Email Address:		Your Preference of 0	Contact:	
		Email: SN	MS: Telephone:	
Would you like for VIBE to liaise with your clients directly? Yes on all cases: No - please deal direct with myself:				
REGULATION				
ARE YOU:				
Directly Authorised by the FCA	An Appointed Representative	Non F	CA Regulated	
FCA Number:	Network:			
Nature of Business:				
PAYMENTS				
Cheques/Bank transfers should be ma	ade payable to:			
Account Name:	Bank:			
Sort Code:	Account Number:			
DECLARATION				
I can confirm that the information provided is correct. If any of the above information should change in the future, I will ensure that VIBE Finance are notified of these changes at the earliest convenience.				
Signature: x	Date: / dd/mm/y	<b>/</b> >>>>		