

# APPLICATION FORM

Please complete this form in BLOCK CAPITALS.

## 1 AGENCY CONTACT DETAILS

Full trading name																																
Contact name(s)																																
Registered trading address																																
Office telephone	COUNTRY CODE					AREA CODE																										
Fax	COUNTRY CODE					AREA CODE																										
Email address																																
Website																																

Please provide us with a list of names and job titles of all the brokers who will be selling Allianz Partners products:

Mr.	<input type="checkbox"/>	Mrs.	<input type="checkbox"/>	Ms.	<input type="checkbox"/>	Miss	<input type="checkbox"/>	Other	<input type="checkbox"/>	First name																				
Surname																														
Job title																														
Mr.	<input type="checkbox"/>	Mrs.	<input type="checkbox"/>	Ms.	<input type="checkbox"/>	Miss	<input type="checkbox"/>	Other	<input type="checkbox"/>	First name																				
Surname																														
Job title																														
Mr.	<input type="checkbox"/>	Mrs.	<input type="checkbox"/>	Ms.	<input type="checkbox"/>	Miss	<input type="checkbox"/>	Other	<input type="checkbox"/>	First name																				
Surname																														
Job title																														
Mr.	<input type="checkbox"/>	Mrs.	<input type="checkbox"/>	Ms.	<input type="checkbox"/>	Miss	<input type="checkbox"/>	Other	<input type="checkbox"/>	First name																				
Surname																														
Job title																														
Mr.	<input type="checkbox"/>	Mrs.	<input type="checkbox"/>	Ms.	<input type="checkbox"/>	Miss	<input type="checkbox"/>	Other	<input type="checkbox"/>	First name																				
Surname																														
Job title																														

*If there is not sufficient space for all brokers, please use another Application Form.*

Please provide us with details of the contact person for general enquiries (e.g. commission statements):

First name																														
Surname																														
Email address																														

## 2 EXECUTIVE DIRECTORS/PARTNERS

We want to ensure that when we contact your business that we always speak to the right person and offer information on the products most relevant to them. Please provide the full name, home address (including postal code) and position in the company or firm of any executive directors, partners (if applicable) and client contact staff.

Mr.  Mrs.  Ms.  Miss  Other  First name

Surname

Position in the company

Home address (including postal code)

Mr.  Mrs.  Ms.  Miss  Other  First name

Surname

Position in the company

Home address (including postal code)

Mr.  Mrs.  Ms.  Miss  Other  First name

Surname

Position in the company

Home address (including postal code)

Mr.  Mrs.  Ms.  Miss  Other  First name

Surname

Position in the company

Home address (including postal code)

Mr.  Mrs.  Ms.  Miss  Other  First name

Surname

Position in the company

Home address (including postal code)

Mr.  Mrs.  Ms.  Miss  Other  First name

Surname

Position in the company

Home address (including postal code)

*If there is insufficient space for all executive directors/partners, please use another Broker/Intermediary Application Form.*







**PLEASE RETURN YOUR FULLY COMPLETED FORM BY:**

Scan and email to: [sales@allianzworldwidecare.com](mailto:sales@allianzworldwidecare.com)

Fax to: + 353 1 630 1399

Alternatively you can post it to:

Sales Support  
Allianz Partners  
15 Joyce Way  
Park West Business Campus  
Nangor Road  
Dublin 12  
Ireland

Sales Support Tel: + 353 1 514 8442

For further information regarding any of our products please call our Sales Support Team,  
or simply visit our website: [www.allianzworldwidecare.com](http://www.allianzworldwidecare.com)