

**Application for an Incidental Financial Business Licence**

**PLEASE TYPE OR PRINT IN BLOCK LETTERS**

**This application will be completed within three months of the submission of a complete application**

**Section 1 – Details of Practice Unit**

Society ID

Name

Business Address   
  
  

Post Code	Country:
DX Address	

Manager who will sign on behalf of the practice unit and who can respond to queries on this matter:

Name

Society ID

	Business	Mobile
Telephone No(s)	<input type="text"/>	<input type="text"/>

Business Email

**Section 2 - Insurance Distribution – acting as an “Ancillary Insurance Intermediary”**

Does the practice unit intend to act as Ancillary Insurance Intermediary? If “Yes” please give details of Ancillary Insurance Intermediary Officer.

Title

First Name(s)

Surname

Business Address (if different from above)

	Business	Mobile
Telephone No(s) (if different from above)	<input type="text"/>	<input type="text"/>

Business Email

Do you have convictions disclosing a serious criminal offence involving any crime against property or related to financial activities?

Yes/No

Have you ever been subject to bankruptcy proceedings?  
If "Yes" to either, please give full details on a separate sheet.

Yes/No

**Additional question on Ancillary Insurance Intermediary activities:**

Please list the members of your practice, whether natural or legal persons that have a holding that exceeds 10% of your practice.

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Please list the identities of any other persons who have close links with your practice.

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If there are any persons who have such "close links" please confirm whether or not such persons prevent the effective exercise of the supervisory functions of the Society or the FCA in relation to Ancillary Insurance Intermediary activities.

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### Section 3 – Activities

Type(s) of Incidental Financial Business carried out:

- |  |                          |   |
|--|--------------------------|---|
| 1 Mortgage mediation activity                    | <input type="checkbox"/> | ✓ |
| 2 Investment business                            | <input type="checkbox"/> | ✓ |
| 3 Long term care insurance distribution activity | <input type="checkbox"/> | ✓ |
| 4 Ancillary insurance intermediaries activities  | <input type="checkbox"/> | ✓ |
| 5 Consumer credit activity                       | <input type="checkbox"/> | ✓ |

### Section 4 – Licence Information

Date from which an incidental financial business licence is required

### Section 5 - Declaration

On behalf of the practice unit named in Section 1, I certify that the practice unit fulfils the criteria for carrying out incidental financial business as set out in the relevant practice rules of the Society and undertake to comply with those rules.

I authorise the Society to seek confirmation from third parties of any matters pertinent to a proper consideration of this form.

I am authorised to sign this form on behalf of the practice unit. The information given in this form is correct and complete to the best of my knowledge and belief.

Signature

Date

### Returning the Form

Before returning the form please check the following:

Is the form signed?  ✓

Has any additional information has been labelled with relevant section and title and attached to the form?  ✓

Please return the form, supporting documents and list of enclosures to :

Member Registration Team  
Law Society of Scotland

[member.registration@lawscot.org.uk](mailto:member.registration@lawscot.org.uk)

GDPR, Data Protection Act 2018. For information about how we use your personal data see our [privacy policy](#) at [www.lawscot.org.uk](http://www.lawscot.org.uk)