

## Individual Registration Form

To be **FULLY** completed by each adviser

**Main Details:**

Title:..... Forename:..... Surname:.....

Branch/Firm Name:.....

Contact Address.....

.....Post code.....

Daytime Telephone Number:.....Mobile Telephone Number:.....

Business Email Address:.....

Fax Number:..... Individual FSA number (if applicable):.....

Consumer Credit Licence Number:.....Expiry Date.....

Please state your current Network if you are an Appointed Representative or if you are Directly Authorised:

.....

**Bank account to which commission can be paid (PTFS advisers will be paid via Toolbox)**

Name:..... Sort code.....-.....-..... Account number.....

(Commission can only be paid by BACs)

**Declaration:**

I hereby authorise Personal Touch Debt Solutions Ltd (Registered Company number 06661545) to seek and disclose information from/to associated third parties as appropriate both now and in the future. I confirm that the information provided in this application form is to the best of my knowledge and belief, complete and accurate. I understand that the supply of any misleading information or any attempt to mislead Personal Touch Debt Solutions Ltd will be an act of misconduct and could lead to termination.

**Signature:**.....**Date:**.....

**Title:**.....**Forename:**.....

**Surname:**.....

**Position:**.....

**Please return this application form to :**                      **Personal Touch Debt Solutions Ltd**  
**Trinity 3, Trinity Park, Solihull, Birmingham**  
**B37 7ES**

**Alternatively:**                      **Fax    0870 487 4905    Email    ptds@personaltouchfs.com**