UK TRAVEL INSURANCE ASSOCIATION

FULL MEMBERSHIP APPLICATION

To: The Secretary, The UK Travel Insurance Association Ltd

Dear Secretary,

I/we hereby apply for membership of The UK Travel Insurance Association Limited ("the Association") subject to its Articles and Memorandum of Association. Words and expressions defined therein shall have the same meaning in this Application.

I/we undertake to contribute to the assets of the Association in the event of its being wound up while I/We am/are a member, or within (1) year afterwards, for payment of the debt and liabilities of the Association contracted before I/we cease to be a member, and of the costs, charges and expenses of winding up, and for the adjustment of the rights of the contributors amongst themselves, such amount as may be required, not exceeding one pound (£1); or in case of my/our liability becoming unlimited, such other amount as may be required in pursuance of Clause 5 of the Memorandum of Association.

I/we acknowledge that the Association may impose conditions, including the execution of certain undertakings and guarantees, on my/our membership of the Association.

I/we represent unto the association that the matters set out in the attached Membership Application Questionnaire hereto are true to the best of my/our knowledge and belief.

Subject to aforesaid, I/we authorise you to enter my/our name(s) in the Register of Members as members of the Association pursuant to this application.

FULL MEMBERSHIP APPLICATION

Name of applicant company:

Trading names (if any):

Address:

Telephone number:

Email:

Date trading commenced:

Company registration number:

Registered office address:

Please provide the following information in respect of all shareholders:

Officer Name	Position	No. of shares	% of Equity

Please select as appropriate where the applicant of any director, principal, partner or senior employee:

☐ Has been involved in liquidation or bankruptcy proceedings on their own account, or an account of any firm or company with which they were at the time connected as a director, principal, or partner or had a judgement awarded against them.

☐ Has had an order made against them under the Companies Acts or Insolvency Acts.

☐ Has had any High Court or County Court judgements made against them.

☐ Has any unsatisfied County Court judgments.

Please enter details where appropriate:

Insert details here

Accounts

Year end:

Auditors name:

Auditors address:

Auditors telephone number:

Auditors email:

Representative who will attend UKTIA meetings:

Alternative name:

Declaration

It is declared that:

a. The applicant is engaged in the supply of travel insurance and related products, including intermediaries, brokers, MGAs/MGUs, insurers, claims handlers, assistance providers, and compliance firms, provided such entities are regulated in the United Kingdom (except in the case of assistance or claims companies acting under appointment by a UK insurer or MGA, or compliance firms).
b. The applicant will comply with the requirements of the Association's Memorandum and Articles of Association, a copy of which will be supplied to the Member upon his/its appointment as a member of the Association, or earlier on request.

Signed **Dated**