



**A. INTERMEDIARY DETAILS (continued)**

NORDBEN  
USE ONLY

Please state the type of business you wish to place with Nordben:

Group Life, disability or accident

International pension plans for global, mobile employees and/or expatriates for a multinational company

Individual business including high net worth and non-standard business (additional documentation will be required)

**B. REGULATORY DETAILS**

Name of Money Laundering Reporting Officer (MLRO) of company stated in Section A:

\_\_\_\_\_

Postal address (if different from above):

\_\_\_\_\_ Telephone no: \_\_\_\_\_

\_\_\_\_\_ Facsimile no: \_\_\_\_\_

\_\_\_\_\_ E-mail: \_\_\_\_\_

\_\_\_\_\_

Post code: \_\_\_\_\_

Name of regulatory body under which the company in Section A is regulated and authorised to conduct the type(s) of business selected in Section A:

\_\_\_\_\_

Postal address of regulatory body:

\_\_\_\_\_ Telephone no: \_\_\_\_\_

\_\_\_\_\_ Facsimile no: \_\_\_\_\_

\_\_\_\_\_ E-mail: \_\_\_\_\_

\_\_\_\_\_

Post code: \_\_\_\_\_

**C. BANK DETAILS**

**Nordben will use the bank details provided below for the purposes of the payment of any agreed commission.**

**Part 1**

Bank name: \_\_\_\_\_ Contact person at bank: \_\_\_\_\_

Bank address: \_\_\_\_\_

\_\_\_\_\_ Bank telephone no: \_\_\_\_\_

\_\_\_\_\_ Bank facsimile no: \_\_\_\_\_

\_\_\_\_\_ Currency of account: \_\_\_\_\_

Post code: \_\_\_\_\_



**D. DECLARATION (continued)**

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Name of authorised person:	Position within company:
_____	_____
Signature: _____	Date: (dd/mm/yyyy) _____
Name of authorised person:	Position within company:
_____	_____
Signature: _____	Date: (dd/mm/yyyy) _____



**Nordben Life and Pension Insurance Co. Limited**  
Harbour House, South Esplanade, St. Peter Port, Guernsey, GY1 1AP, Channel Islands  
Telephone: +44 (0)1481 702900 Facsimile: +44 (0)1481 710719  
E-mail: info@nordben.com Website: www.nordben.com