

Association of Mortgage Intermediaries

Your Membership Application



Your firm's details

Full company name			
Contact name		Job title	
Telephone number		Email address	
Managing Director / CEO (if different from above)			
Address			
Postcode		FCA Number	
Are you a member of a network? please tick		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, which network?			

Your firm's members

How many Mortgage Advisers do you have? Please include all subsidiaries, branches and appointed representatives.	
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If you require more space, please continue on a separate sheet or send us the information by e-mail to info@a-m-i.org.uk, this could be by attaching a spreadsheet file. Please make sure to include your firm and contact details in case we need to contact you.

Please provide the name of each adviser and their e-mail address. This will ensure that all of your advisers receive our e-mails and information updates. Please advise us when members leave or join.

Please also provide the details of any other employees (e.g. compliance) who would benefit from our updates and access to the member only areas of our website.

Name	Email address

Continued Overleaf.

Your payment

Monthly Direct Debit	<input type="checkbox"/>	Annual Cheque	<input type="checkbox"/>
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Your commitment to us

I/We confirm that the information given here is true and accurate and I/we understand that the submission of misleading information may lead to the refusal of the application or subsequent cancellation of membership.

I/We undertake to observe the provisions of the Memorandum and Articles of Association and such membership regulations of the Association of Mortgage Intermediaries Limited as may, from time to time, be laid down by the Board of the Association. I/We can request a copy at any time.

I/We understand that AMI may wish to use any personal data contained in this form or subsequently obtained during the course of its activities and may disclose such data to approved third parties. By signing this application, I/we consent to such processing.

I/We acknowledge that should I not wish data to be disclosed to third parties (save those with whom it is necessary for AMI to share such data) I may indicate this by ticking this box.

Your signature

Signature	<input type="text"/>	Date	<input type="text"/>		
Director	<input type="checkbox"/>	Partner	<input type="checkbox"/>	Sole Practitioner	<input type="checkbox"/>

Our fees

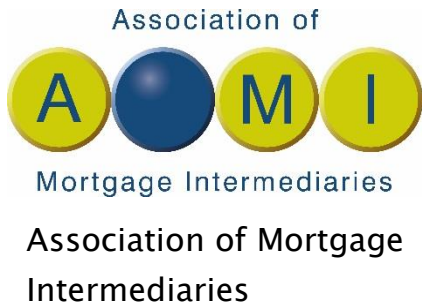
1 - 5	Mortgage advisers	£200 per firm and £30 per adviser
6 - 100	Mortgage advisers	£450 per firm and £22 per adviser
100+	Mortgage advisers	contact AMI Chief Executive for tariff

Next steps

Please complete and return the application form with your Direct Debit mandate or cheque to the Membership Officer at Association of Mortgage Intermediaries Limited, 2nd Floor, Midsummer Court, 314 Midsummer Boulevard, Milton Keynes, MK9 2UB

Association of Mortgage Intermediaries Limited
2nd Floor, Midsummer Court, 314 Midsummer Boulevard, Milton Keynes, MK9 2UB
Tel: 01908 847021 | Email: info@a-m-i.org.uk

AMI is the trading name of The Association of Mortgage Intermediaries Limited which is a company limited by guarantee, registered in England and Wales under the Companies Acts with number 7982341. Registered Office: 5 Corunna Court, Corunna Road, Warwick, CV34 5HQ



Instruction to your bank or building society to pay by Direct Debit

Please fill in the whole form including official use box using a ball point pen and send it to:

AMI
2nd Floor
Midsummer Court
314 Midsummer Boulevard
Milton Keynes
MK9 2UB

Service User Number

2	8	2	1	7	1
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Name(s) of Account Holder(s)

Bank/Building Society account number

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Branch Sort Code

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Name and full postal address of your Bank or Building Society

To: The Manager	Bank/Building Society
Address	
Postcode	

Reference

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FOR PSL re AMI OFFICIAL USE ONLY
This is not part of the instruction to your Bank or Building Society.
Important – Please complete these details:

Account Holder(s) Name & Address:

Name:
Address:
Postcode:
Email Address:

Instruction to your bank or building society

Please pay PSL re AMI Direct Debits from the account detailed in this Instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this Instruction may remain with PSL re AMI and, if so, details will be passed electronically to my bank/building society.

Signature(s)
Date

Banks and Building Societies may not accept Direct Debit Instructions for some types of account

This guarantee should be detached and retained by the Payer.

The Direct Debit Guarantee



- This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits.
- If there are any changes to the amount, date or frequency of your Direct Debit PSL re AMI will notify you five (5) working days in advance of your account being debited or as otherwise agreed. If you request PSL re AMI to collect a payment, confirmation of the amount and date will be given to you at the time of the request.
- If an error is made in the payment of your Direct Debit, by PSL re AMI or your bank or building Society, you are entitled to a full and immediate refund of the amount paid from your bank or building society
- If you receive a refund you are not entitled to, you must pay it back when PSL re AMI asks you to
- You can cancel a Direct Debit at any time by simply contacting your bank or building Society. Written confirmation may be required. Please also notify us.