

APPLICATION FOR DISTRIBUTION RELATIONSHIP

Please complete and return to niall.duggan@dam.ie
in order to establish a Distribution Relationship with AltVest.

FIRM DETAILS

Name

Trading Name (if different)

Authorised by
(e.g. Central Bank of Ireland, Accountancy Institute etc.)

Authorisation Number
(or link to relevant Register)

Address

Website Address

Company Number (or link to CRO page)

Any Other Details
(e.g. separate company for unregulated investments etc.)

PRIMARY CONTACT DETAILS

Name

Title

Email Address

Mobile Number

Landline Number

KEY PERSONNEL CONTACT DETAILS

	Name	Email Address	Mobile Number	Landline Number	Title (where relevant)
KEY SALES TEAM MEMBERS					
KEY ADMINISTRATION TEAM MEMBERS					
KEY FINANCE OR OTHER PERSONS					

I/We wish to apply to become a distributor of AltVest and agree to the Distribution Relationship Terms & Conditions:

Authorised Signature Name

Signature
(Electronic signature acceptable)

Date

Please attach copies of current identity and address verification for the Authorised person or persons.