

Questionnaire for distributors**Personal details**

Last name, first name:

Name at birth:

Date & place of birth:

Marital status:

Street, house no.:

Postcode, city:

Other addresses over the past 4 years: _____

Phone/Mobile no.:

Fax no.:

E-mail:

Company details

Name, legal form:

Date established, Comm.Register no.:

Managing Director, owner:

Street, house no.:

Postcode, city:

Phone no.:

Fax no.:

Tax no.:

Size of company:

 individual intermediary/broker up to 20 full-time employees more than 20 full-time employees

Brokerage volume p.a.

up to 1m

 up to 5m up to 10m up to 20m > 20 m**Bank details**

Bank, location:

Sort code, a/c no.:

Account holder:

Please enclose with this form the documents (in the original) specified over the page (p.2).

Enclosures

- Schufa self-certification enclosed to follow
- Certificate of good conduct (not older than 3 months) enclosed to follow
- Business registration enclosed to follow
- Extract from Comm. Register (for legal entities) enclosed to follow
- List of partners (for partnerships) enclosed to follow
- Extract from central business register enclosed to follow
- Permit pursuant to 34 c GeWo (business code) enclosed to follow
- Employment contract: enclosed to follow

I work/will operate as a

- Broker pursuant to § 93 ff HGB
- Multiple agent pursuant to § 84 ff HGB
- Part-time broker pursuant to § 92 ff HGB
- _____

How long have you been active in the financial services industry or insurance sector?
Which financial service providers or insurance companies have you worked for as an employee over the past 5 years (please give dates)? _____ _____
Are there currently any garnishee order nisi or other enforceable judgements against you or your company? <input type="checkbox"/> NO <input type="checkbox"/> YES - details: _____
Has a declaration in lieu of an oath been given or requested over your assets (with companies: over the shareholder or managing director)? <input type="checkbox"/> NO <input type="checkbox"/> YES, on: _____ reason: _____
Have any bankruptcy proceedings been instigated against you or your company? <input type="checkbox"/> NO <input type="checkbox"/> YES
Do you have any outstanding convictions? <input type="checkbox"/> NO <input type="checkbox"/> YES, on: _____ reason: _____
Have any preliminary legal proceedings been instigated against you or your company? <input type="checkbox"/> NO <input type="checkbox"/> YES, reason: _____

I hereby confirm that I have answered all questions truthfully and have nothing to hide. I understand that wilfully supplying incorrect details means that bank zweiplus ag is entitled to terminate any agreements with immediate effect. This declaration is an integral part of any agreement between bank zweiplus ag and the distributor. I am aware that my personal data may only be stored, processed and possibly forwarded to other parties for the purposes of this agreement and solely in accordance with legal requirements. In accordance with the provisions of the Federal Data Protection Act (BDSG), bank zweiplus ag will obtain information relevant to my activity from the information service Versicherungsaußendienst e. V. (AVAD) and forward data to this body on termination of the agreement. I consent to bank zweiplus ag obtaining any other standard information in accordance with the provisions of the Federal Data Protection Act (BDSG).

Place, date _____
Signature