

Reference:
(PFS use only)

Please refer to the Notes & Fees for Membership leaflet that accompanies this form.

Membership application form

Section A – Personal details

(Please complete all fields – it is essential we have your email address as this is our main channel of contact with you)

Please give your PFS permanent identity number (PIN) if known

PIN

Mr/Mrs/Miss/Ms Surname

Forenames Date of birth

Daytime tel Mobile

email

Employer name

Job title

Work address

Postcode Country

Home address

Postcode Country

Address to be used for correspondence Home Work

Please tick one box per category

Type of organisation Independent financial adviser Independent financial adviser – Network Multi-tied Tied agent (sole agent)

Financial Services Company (insurer/assurer) back office Bank/Building Society back office Investment house Whole of Market

Other

Area of work Advising clients Underwriting Finance Product selling to advisers

HR/Training Compliance Broking Claims/Loss adjusting

Technical adviser Mortgages Risk Management/Surveying Other

Sales/Marketing Claims Administration/Processing

Job category Administrative Technical Advisory Supervisory/Controller

Middle management (Branch, Office, Dept) Senior management (General, Head of) Executive (CEO, Director) Business owner

Other

