



“ethical, professional and customer-focussed”

Membership Application Form

We recognise that much of the information requested is commercially sensitive and ALL information will be treated in the strictest of confidence. The information will be used to assess your application form and will NOT be disclosed or used for any other purpose.

Once completed, this form should be returned, together with your Membership Application Fee (payable to APCM), to:

APCM
The Flint Glassworks
64 Jersey Street
Manchester
M4 6JW.

Membership Fees

Initial Application Fee

A one-off application fee of £400. This is non-refundable if you decide to withdraw your application after the initial 7 days. Your application fee must accompany the application form.

Monthly Membership Fee

Once accepted into the APCM Members will pay a monthly membership fee, which is based on turnover and reflects the turnover categories used by the MoJ.

Annual Turnover	Monthly Membership Fee
Up to £1 million	£90 pm
Between £1 million and £5 million	£150 pm
Over £5 million	£200 pm

www.apcm.org.uk Telephone: 0845 862 3522 info@apcm.org.uk



Applicant Firm Name
(full registered business name)

Applicant Firm Type
(select only one)

Limited Company / Partnership / Sole-Trader /
Other (please detail)

Principal Place of Business

Telephone Number

Fax Number

Please provide the names
of all directors

Please provide the names of all
websites operated by the applicant

Please provide details of all trading
names used

Financial Year End

Turnover for last Financial Year



Data Protection Registration No.

CRM No.

Primary Contact (Name)

Primary Contact (Telephone)

Primary Contact (E-mail)

Which of the following delivery channels to you use?
(please tick ALL that apply)

Telephone	<input type="checkbox"/>	Internet	<input type="checkbox"/>
Home visits	<input type="checkbox"/>	Other (please detail)	<input type="checkbox"/>

.....

Which of the following marketing activities do you engage in?
(please tick ALL that apply)

Outbound Telemarketing	<input type="checkbox"/>	E-mail Marketing	<input type="checkbox"/>
SMS Marketing	<input type="checkbox"/>	Purchase of leads	<input type="checkbox"/>
TV/Radio Advertising	<input type="checkbox"/>	Newspapers	<input type="checkbox"/>
In-person canvassing	<input type="checkbox"/>	Use of agents	<input type="checkbox"/>
Affiliate marketing	<input type="checkbox"/>	Exempt introducers	<input type="checkbox"/>
Other (please detail)	<input type="checkbox"/>	

Approximate number of employees

Number of cases currently being managed

Do you use sales scripts?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Do you handle client money?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Have you set up a separate designated client account?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Which of the following areas of financial mis-selling are you **currently** involved in?

(please tick ALL that APPLY)

PPI	<input type="checkbox"/>	Mortgages	<input type="checkbox"/>
Investments	<input type="checkbox"/>	Pensions	<input type="checkbox"/>
Other insurance	<input type="checkbox"/>	Other finance	<input type="checkbox"/>
Other (please detail)	<input type="checkbox"/>	Unfair Charges	<input type="checkbox"/>
.....			

Are you planning to commence activities in any other area of financial mis-selling within the next 12 months?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If Yes, please indicate in which areas you will commence activities.

PPI	<input type="checkbox"/>	Mortgages	<input type="checkbox"/>
Investments	<input type="checkbox"/>	Pensions	<input type="checkbox"/>
Other insurance	<input type="checkbox"/>	Other finance	<input type="checkbox"/>
Other (please detail)	<input type="checkbox"/>	Unfair Charges	<input type="checkbox"/>
.....			

Which software system do you use for tracking and managing claims?

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Please provide any additional information which you think may be useful in considering your application.

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Please provide as much of the information below as possible to enable us to process and assess your application. Your application will be delayed if you are unable to provide all relevant information. Please tick the relevant box to indicate that the information is enclosed.

- | | | | |
|---|--------------------------|--|--------------------------|
| Terms and conditions | <input type="checkbox"/> | Claims pack | <input type="checkbox"/> |
| Any other pre-contractual information | <input type="checkbox"/> | Evidence of designated client account | <input type="checkbox"/> |
| Scripts (if used) | <input type="checkbox"/> | Sample advertising material | <input type="checkbox"/> |
| Complaints Procedures | <input type="checkbox"/> | Sales Process Guidelines | <input type="checkbox"/> |
| Collections Policy | <input type="checkbox"/> | Training Arrangements | <input type="checkbox"/> |
| Application Fee of £400 plus VAT
(the fee must accompany all applications) | <input type="checkbox"/> | | |

How we use your information

We will use the information you provide to help us assess your application for Membership, for running and administering your Membership (if accepted), statistical analysis and keeping you up to about matters affecting our Membership. We may monitor and record telephone calls for training, security and monitoring purposes. **ALL INFORMATION GIVEN IN SUPPORT OF THIS APPLICATION WILL BE TREATED WITH THE STRICTEST OF CONFIDENCE AND USED ONLY FOR THE PURPOSE OF ASSESSING YOUR APPLICATION.**

We use reputable businesses from time to time to supply us with a range of services such as delivery of documentation and compliance advice and support and it may be necessary to share your information with those businesses. We will, of course, ensure that your information is secure and adequately protected and processed in line with the Data Protection Act 1998. We will not transfer your data to any other third parties unless you ask us to or we are required to do so by law.

We may send you information about the products and services of carefully selected third parties by post, telephone, email and text messaging if we think that they will be relevant to you. **We will not pass your details to any of these third parties.** If you do not wish to be contacted in this way please tick this box.

You can change your mind about receiving marketing information at any time. To do so please write to us at APCM, The Flint Glassworks, 64 Jersey Street, Manchester. M4 6JW.

Declaration and Authority

I confirm that the information shown on this application is true and accurate to the best of my knowledge. I authorise APCM to undertake relevant and reasonable enquiries in order to assess our application for Membership. I confirm that I have read the APCM Claims Management Code.

If my membership application is accepted I agree:

- to comply with the Code in its entirety;
- to pay the relevant monthly membership fee; and
- that I have given my consent for the Ministry of Justice to share information about my business conduct with the APCM.

By signing this Application Form you will be indicating your consent to receiving marketing messages from us **unless** you have indicated an objection to receiving such messages by ticking the above box.

Signature
(Director or Partner)

Dated

Please Print Name