Individual Access Request

DETAILS - to be completed by the individual

First name								
Surname								
Middle name(s)								
Title (please tick)	Mr	Mrs	Miss					Other (in full)
Previous name(s)								
Date of birth	(dd/mm/yyyy)							
Nationality								
Residential address (PO Box or c/o address are not acceptable)								
Office telephone	+ Country code	Tele	phone nu	mber	Mobile telephone	+ Country code	Telephone r	umber
Work email address						country couc		
Company name								
Job title								
Regional office (if applicable)								
Appropriate business role: (please tick)	Adviser Administrator Finance Management Trustee Model Portfolio Provider							
Signature of the individual								
ACCESS - to be comple	eted by a comp	any signate	ory		_			
Permitted to submit client applications?								
Permitted to have online access to the platform?								
Permitted to have trading rights?								
Permitted to view company fee information?								
If trading rights are to be enabled, the individual will need to provide a certified copy of their ID and VORA								

Signature of a company signatory	
Name of signatory	

Privacy policy

Our full privacy policy can be viewed at www.ardan-international.com/privacy or can be obtained by requesting a copy from our Data Protection Officer.

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