

ACCESS TO PRUHEALTH INFORMATION

Notes to help you

Please use BLOCK CAPITALS and black ink when filling in this form.

This form allows us to verify the identity of people calling PruHealth regarding your business. It also allows PruHealth to provide elected advisers and employees of your company access to secure information online.

In addition PruHealth will use this data to create online and e-mail functionality for users as well as vary the level of access for different roles, for example, to view commission statements.

Note: Please inform your PruHealth account manager of any change to this form so that access to your data can be altered accordingly.

A – PRINCIPALS/OWNERS/DIRECTORS

Full name	<input type="text"/>						
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	DOB	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E-mail address	<input type="text"/>						
Full name	<input type="text"/>						
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	DOB	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E-mail address	<input type="text"/>						
Full name	<input type="text"/>						
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	DOB	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E-mail address	<input type="text"/>						
Full name	<input type="text"/>						
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	DOB	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E-mail address	<input type="text"/>						
Full name	<input type="text"/>						
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	DOB	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E-mail address	<input type="text"/>						

B – ADVISERS

Full name	<input type="text"/>						
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	DOB	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E-mail address	<input type="text"/>						
Full name	<input type="text"/>						
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	DOB	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E-mail address	<input type="text"/>						
Full name	<input type="text"/>						
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	DOB	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E-mail address	<input type="text"/>						
Full name	<input type="text"/>						
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	DOB	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E-mail address	<input type="text"/>						
Full name	<input type="text"/>						
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	DOB	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E-mail address	<input type="text"/>						
Full name	<input type="text"/>						
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	DOB	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E-mail address	<input type="text"/>						
Full name	<input type="text"/>						
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	DOB	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E-mail address	<input type="text"/>						
Full name	<input type="text"/>						
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	DOB	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E-mail address	<input type="text"/>						
Full name	<input type="text"/>						
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	DOB	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E-mail address	<input type="text"/>						
Full name	<input type="text"/>						
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	DOB	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E-mail address	<input type="text"/>						

C – ADMIN/SUPPORT STAFF

Full name	<input type="text"/>						
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	DOB	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E-mail address	<input type="text"/>						
Full name	<input type="text"/>						
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	DOB	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E-mail address	<input type="text"/>						
Full name	<input type="text"/>						
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	DOB	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E-mail address	<input type="text"/>						
Full name	<input type="text"/>						
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	DOB	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E-mail address	<input type="text"/>						
Full name	<input type="text"/>						
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	DOB	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E-mail address	<input type="text"/>						

PLEASE SIGN BELOW TO CONFIRM THAT THIS FORM HAS BEEN COMPLETED ACCURATELY TO THE BEST OF YOUR KNOWLEDGE AND BELIEF.

Signature	<input type="text"/>						
Print name	<input type="text"/>						
Position	<input type="text"/>						
Company name	<input type="text"/>						
							Postcode
Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please return completed application forms to the Prudential, Agency and Commissions (PruHealth), Stirling FK9 4UE.

PRU HEALTH

PruHealth is a trading name of Prudential Health Limited and Prudential Health Services Limited which are registered in England and Wales.
Registered office at Laurence Pountney Hill, London EC4R 0HH. Registered numbers 5051253 and 5933141 respectively.
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