

## Application for Approval to be an Intermediary by the IMA

Thank you for applying to be an IMA Intermediary. Please go to our website to check that you have completed the necessary on-line parts of the application. Please return this completed document to The IMA together with the evidence listed below to the following address:

### Institute of Money Advisers

4 Park Court  
Park Cross Street  
Leeds  
LS1 2QH

Tel: 0113 242 0048

Fax: 0113 234 5711

### Evidence

The following documentation should accompany your application:

- (i) Copy of documentation confirming applicants name, address and date of birth referred to in part one of the online application
- (ii) Copy of certificate showing attendance on Debt Relief Order training workshop

### Where you work, please tick which box applies:

- I work as part of an agency  (Please complete section A and return, and give Section B to your Manager to complete and return)
- I work alone  (Please complete and return Section A and C)

## Section A

### For the applicant

IMA Membership No:.....

I ..... *[print full name]*

confirm that:

- ☒ I have read and understood the Debt Relief Orders (Designation of Competent Authorities) Regulations 2009. Should there be any changes to my core occupation, my activities or contact details or any other changes that may require a review of my status as intermediary; I undertake to notify the competent authority in writing within 7 days of knowledge of the change of circumstances.
- ☒ In accordance with these regulations I do not meet any of the criteria which would render me ineligible to be considered as an intermediary, and will inform the competent authority in writing within 7 days of the change should any of these conditions apply to me.
- ☒ I have read, support and agree to work to the IMA Statement of Good Practice.
- ☒ I understand that the Competent Authority will check my details against the Electronic Individual Insolvency Register.
- ☒ I will not receive any payment for advising on or submitting Debt Relief Order applications.
- ☒ I am aware that the Competent Authority will receive up to a maximum of £10 for each approved Debt Relief Orders which I submit. The IMA will use this to provide resources and support to Intermediaries.

Signed ..... Date .....

To view the documents mentioned above go to the IMA website [www.i-m-a.org.uk](http://www.i-m-a.org.uk) / Intermediary Resources

**Section B**

**For the applicant's manager**

I ..... (print full name)

Job title: ..... Organisation: .....

As the Manager of ..... (The applicant), having read and understood the regulations I confirm that I am not aware of any criteria which would render the applicant ineligible to be considered as an intermediary. In addition I can confirm that the applicant:

- o Maintains continuing professional development activities in order to ensure current knowledge and to maintain professional competence.
- o Has been providing debt advice at caseworker level or above for at least 12 months

I have read, understood, support and comply with the 'IMA Statement of Good Practice'.

*and*

I can confirm that 'the organisation' has the following in place, (give details where requested)

1. Consumer Credit Licence

- reference  and expiry date
- Or if you are a statutory body and therefore exempt please tick here

2. Valid Professional Indemnity Insurance or similar – covering Intermediary activities

- Who the policy is with
- policy reference  and expiry date

3. Tick here to confirm that you provide a free, impartial, confidential and independent advice service

4. Tick here to confirm that your agency has a documented complaints procedure in place

5. Quality assurance procedures

- Do you hold a Legal Service Commission (LSC) Quality Mark? Yes  No
- If yes Specialist Help  or General Help with Casework?
- What was the date of your last LSC Quality Mark audit

If you do not hold an LSC Quality Mark we may ask you to provide us with more information about quality assurance systems.

Signed ..... Date .....

Please note that we reserve the right to request evidence of the above.

### Section C

#### For applicants working alone

I ..... (print full name)

Trading as (if applicable): .....

I, the applicant, can confirm that I:

- Maintain continuing professional development activities in order to ensure current knowledge and to maintain professional competence.
- Have been providing debt advice at caseworker level or above for at least 18 months

I have read, support and comply with the 'IMA Statement of Good Practice'.

and

I can confirm that I have the following in place, (give details where requested)

1. Consumer Credit Licence

- reference  and expiry date

2. Valid Public Liability Insurance or similar – covering Intermediary activities

- Who the policy is with
- policy reference  and expiry date

3. Tick here to confirm that you provide a free, impartial, confidential and independent advice service

4. Tick here to confirm that you have a documented complaints procedure in place

5. Quality assurance procedures

- Do you hold a Legal Service Commission (LSC) Quality Mark? Yes  No
- If yes Specialist Help  or General Help with Casework?
- What was the date of your last LSC Quality Mark audit

If you do not hold an LSC Quality Mark we will ask you to provide us with more information about your quality assurance systems.

Signed ..... Date .....

Please note that we reserve the right to request evidence of the above.