OmniBroker Data Instruction

PLEASE USE BLOCK CAPITALS WHEN FILLING OUT THIS FORM

I hereby request and authorise the companies indicated below, to release client and policy data relating to the business written under the agency numbers/ codes listed below to Broker Information Services Limited, for the sole purpose of having such data included in the OmniBroker system using the username stated below.

Brokerage Name: _____

Address: _____

IFSRA No: _____   **Contact No:** _____

Name: _____   **Title:** _____

Signature of Authorised Person (Director/Partner): _____

Date: _____

Agency Code Details *(Important: It is mandatory to accurately complete this section fully)*

Authorisation / Instruction to:

Provider	Agency Codes
Aviva	
BCP	
Royal London	
Zurich Life **e.g. 5 digits**	
Friends First **5 digits**	
Irish Life **e.g. NN77/ N777**	
New Ireland **e.g. 5 digits, letter**	
Standard Life	

This two page form should be faxed, scanned / emailed or posted to Best Advice Limited, York House (Rear 176), Rathmines Park, Rathgar Road, Dublin 6. Fax: 01 6335024. Email: omnibrokerteam@bestadvice.ie

OmniBroker Authorised User Details

(Please note OmniBroker Pin & Passwords are sent via text message. Mobile numbers are only used to facilitate a confidential circulation of login details)

Name: _____

Email Address: _____

Mobile Number: _____

Name: _____

Email Address: _____

Mobile Number: _____

Name: _____

Email Address: _____

Mobile Number: _____

Name: _____

Email Address: _____

Mobile Number: _____

Name: _____

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