



OUR EXPERIENCE AT YOUR SERVICE

By becoming a select member of Trusted Advisor Group, you can avail of cost-effective expertise in every aspect of running a successful brokerage, including:



COMPLIANCE



TECHNICAL SUPPORT



TAX & LEGAL ADVICE



MARKETING & PR



PERSONAL COACHING & TRAINING



BUSINESS PLANNING & STRATEGY



LIFESTYLE & HEALTH



IT SUPPORT



VOYANT TRAINING



INVESTMENT ANALYSIS & RESEARCH



WEB, PRINT & DESIGN



HR SUPPORT

Membership Benefits 2016

- ▶ 12 hours 1:1 support 🐵
- Expanded resource Team
- Member helpdesk
- Member networking events
- 🕨 Business planning 🕟
- Annual CPD hours
- Online document library
- Wealthtrack Software discount
- Business practice audit
- Enhanced earning potential
- Time management
- Member Investment Academy
- IT support
- Client tax solutions
- ▶ EAP programme №
- Member referral scheme
- IBA membership
- Voyant training & discount
- Member Fuel Card scheme
- Residence membership

Optional Add Ons

- Extra hours €100 per hour
- Client seminars
- Compliance audit
- Corporate video
- Client newsletter
- Printing
- Website design and build
- Member Pl Scheme
- Financial Planning service





All for only



Your Trusted Advisor Group Resource Team

> Compliance

> Technical Support

> Tax & Legal Advice

> HR Support

> Investment Analysis & Research

> Lifestyle & Health

> Marketing & PR

> Personal Coaching & Training

> Business Planning & Strategy

> Web, Print & Design

> IT support

Eamon Gallagher

> Voyant Training

Stephen Browne



+353 1 905 5812







Membership Application Form

Please complete this form in **BLACK** ink only.

Name of Business:			
Trading name (if different):			
Address (Business):			
Registered Business Address:			
Tel:	Website:		
Ltd. Co:	Partnership:	Sole Trader:	
How long is the Business established:			
Company Registration Number:	VAT Registration Number:		
CBI Registered Number:			
CBI Authorisations held by the Busines	s:		
Membership of Professional Bodies or Groups e.g. PIBA/IBA/IMAF etc:			
Have you ever had a CBI inspection? Yes ☐ No ☐			
Have you ever had a complaint referred to the F.S.O.? Yes ☐ No ☐			
If yes, please provide details on a separate sheet.			
Name of person proposing membership:			
Role in the Firm:			
Qualifications:			
Address (Home):			
Tel (w):	Tel (w): Tel (m):		
Email:			
Details of all Directors/Partners/Sha	roholdore		
Name:			
Length of Service:			
Qualifications:	Qualifications:		
Role in the Organisation:	Role in the Organisation:		
please supply additional information on a separate sheet of paper			

Declaration:

I declare that the information contained in this form is true and complete and I have disclosed all information which might reasonably be considered relevant to my application to be a member of the Trusted Advisor Group. I undertake to promptly notify the Trusted Advisor Group of any changes in the information which I have provided and will supply any other relevant information of which I become aware at any time after the date of this Declaration.

I confirm that I meet the Continuous Professional Development requirements set out in the Central Bank of Ireland's Minimum Competency Requirements and/or for any professional qualification I hold.

I hereby authorise

- All educational establishments, professional associations, accreditation bodies and former employers
- All credit and reference agencies
- All providers
- The Central Bank of Ireland

to release any information which they may have about me to the Trusted Advisor Group and I release them from any liability or responsibility from doing so.

Signed: Date:		
On behalf of the Intermediary Firm		
Request for a S	Standing Order	
	as specified below. My/Our account will at all times contain sufficient derstand that if three consecutive payments are not made due without further reference to me.	
Customer Details		
NAME:		
BIC: BIC: Please complete and submit at least 5 working days before	commencement of first payment date.	
NEW Standing Order (From above Current Account BENEFICIARY NAME: TAG Financial	nt)	
IBAN: I E 7 1 B O F I 9 0 0	0 1 7 9 0 4 7 4 9 8 9	
BIC: BOFIIE2D	TAG Trusted Advisor	
REFERENCE: FREQUE	NCY:	
START DATE: DDMMYYYY AMOUNT:		
AMOUNT IN WORDS:		
CUSTOMER'S SIGNATURE:	Date:	