

# SovLink & Insight Verification Form



Thank you for registering online for SovLink. Please complete the information below and email the completed form to [nz.agencyservices@aia.com](mailto:nz.agencyservices@aia.com).

## 1 Principal Information

|                                  |  |  |
|----------------------------------|--|--|
| Full Name                        | <input type="text" value="First name(s)"/> | <input type="text" value="Last Name"/> |
| SovLink and/or Insight Usernames | <input type="text"/>                       |  |
| Business Name                    | <input type="text"/>                       |  |
| Broker Code                      | <input type="text"/>                       |  |
| Agency and/or IFA Number(s)      | <input type="text"/>                       |  |

## 2 Nominee User Information

|                                  |  |  |
|----------------------------------|--|--|
| Full Name                        | <input type="text" value="First name(s)"/> | <input type="text" value="Last Name"/> |
| SovLink and/or Insight Usernames | <input type="text"/>                       |  |

(The username you selected when registering online)

## 3 Confirmation

I verify that I have read and agree to the SovLink Terms and Conditions of Use (effective 1st May 2009) available on the SovLink website and all the information above is correct.

**I accept responsibility for the use of this Nominee User login and I will advise [nz.agencyservices@aia.com](mailto:nz.agencyservices@aia.com) at AIA should this Nominee User no longer require their login; to ensure the login is disabled.**

|            |   |
|------------|---|
| Signed by: | <input type="text"/>  |
|            | as the authorised signatory and/or director of the Principal of the Agency(s) the nominee user is accessing |
| Signature  | <input type="text" value="X"/>  |
| Date       | <input type="text" value="DD/MM/YYYY"/>   |

