**Intermediary Inquiry**

**Regarding becoming an Intermediary Consultant with SRM SERVICES LTD**

THIS INQUIRY is submitted effective , 20 \_ by:

*Full Legal Name Company Name (if applicable)*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Email Address Phone*

*Street Address City State ZIP Country*

**Please read all statements below and HAND INITIAL in front of each, acknowledging that you have in fact read the statement and agree to be bound by it should you decide to register as an Intermediary Consultant with SRM Services Ltd.**

\_\_\_\_\_ I wish to register as an independent intermediary consultant working with SRM and **I am hereby requesting that SRM provide relevant information to me.**

\_\_\_\_\_ I was not introduced to SRM by another party.
 **or**
\_\_\_\_\_ I was introduced to SRM by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ .

\_\_\_\_\_ I hereby stipulate that SRM has not solicited or induced me in any manner with regard to my possible involvement as an intermediary consultant.

\_\_\_\_\_ I understand that disclosure to me of any confidential program information will be made only upon my specific request and will not be construed as a solicitation or offer by SRM to conduct business with me or any clients I introduce to SRM.

\_\_\_\_\_ I understand and will stress to my clients that any program information provided to me by SRM was provided to SRM by the program source and that SRM cannot independently confirm any such information and neither recommends nor promotes any of the programs for which they provide information.

\_\_\_\_\_ I understand that my dealings with SRM will be governed by a Mutual Non-Circumvention and Non-Disclosure agreement that must be fully executed before I will be able to obtain detailed program information or introduce clients to SRM.

\_\_\_\_\_ I agree that should I or any clients of mine enter a private program revealed to me by SRM, SRM will be used as my/our intermediary for access to such program.

\_\_\_\_\_ I hereby attest by my signature below that I am not employed by, or a representative for, or an informant for any law enforecement or regulatory agency of any governmental body. I further affirm that my acknowledgments herein are truthful and understand that providing false or incomplete information will disqualify me from participating as an intermediary with SRM.

**Acknowledged & Agreed**

Signature Date

Print Name (and Title if applicable)