

For internal use only Contract No

This report must be completed in every case

Method of Payment

Amount	Currency
<input type="checkbox"/> Cheque	No. Payable to
<input type="checkbox"/> Bank Transfer	<input type="checkbox"/> Other
Number of debited account	
Holder of the account	
Name of the bank	
Address of the bank	
Country of origin of monies	

The Payer

<input type="checkbox"/> Policy Holder	<input type="checkbox"/> Other (please specify)
Name	
Relationship with the policyholder	

Parties mentioned in the Contract

The Policyholder

<input type="checkbox"/> Individual	
Surname	Forename(s)
Date and Place of birth	
<input type="checkbox"/> Company	
Company name	Legal Status
<i>Represented by</i>	
Surname	Forename(s)
Date and Place of birth	

Profession

<input type="checkbox"/> Company Director	<input type="checkbox"/> Manager	<input type="checkbox"/> Employee	<input type="checkbox"/> Self-employed
<input type="checkbox"/> Civil Servant	<input type="checkbox"/> Retired	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Other
Amount of time in this role			
Company (name and country)			

If retired then precise: Former Profession, function and name of the company

If independent then precise: Function. type of activity

Has the applicant ever held or does he/she presently hold a position in the civil service No Yes

Politician* Civil Servant* Military* Diplomat*
 Barrister Solicitor Employee of the Courts* Other

*Precise function, type of activity and country of activity:

Estate

Monetary Funds Assets Life Insurance Trust
 Real Estate First Home Second Home Sublet

Estate Valuation

< £65,000 Between £65,000 and £300,000 Between £300,000 and £650,000 Between £650,000 and £3,000,000 Over £3,000,000

Professional yearly Income

< £30,000 Between £30,000 and £65,000 Between £65,000 and £100,000 Between £100,000 and £300,000 Over £300,000

Type of Operation

Legal form of contract

Life Assurance Investment Bond

Source of monies *

Professional Activity Sale of Real Estate Inheritance Gift Winnings
 Sale of company shares Sale of other assets Assurance policy (Life - Non Life)

Name and address of the company

Other (please specify)

* In a case where the payer of the premium is different to the policyholder, please include proof of the origin of the monies.

Object of the operation (death or disability cover: short, medium or long term savings; private pension; an increase of collateral placed a against loan)

The Independent Financial Adviser

Surname Forename(s)

Profession

How long have you been in your current job?

Address

Since when have you known the policyholder?

How did your professional relationship with the client come about?

Has the client already subscribed to a contract through you? Yes No

Report written by Signed Date Number of pages attached