



**PROFESSIONAL ADVISERS****ACCOUNTANT**

NAME

ADDRESS

POST CODE

TELEPHONE  
NUMBER**SOLICITOR**

NAME

ADDRESS

POST CODE

TELEPHONE  
NUMBER**OTHER**

NAME

ADDRESS

POST CODE

TELEPHONE  
NUMBER

May we contact you business advisers to validate the information? YES / No

**SECTION B.****SOLE TRADER****TITLE / NAME**

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**ADDRESS** (IF DIFFERENT FROM BUSINESS ADDRESS)

	POST CODE
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**TELEPHONE**

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**DATE OF BIRTH**

	SMOKER	NON SMOKER
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**ESTIMATED VALUE OF BUSINESS**

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**REMUNERATION**

NAME	LAST 3 YEARS' PROFITS	DRAWINGS

**FAMILY MEMBERS WHO ARE INVOLVED IN OR MAY JOIN THE BUSINESS**

DETAILS OF SALARIES	OTHER BENEFITS

**FUTURE PLANS RE PARTNERSHIP OR INCORPORATION**

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**\*IF PERSONAL ADVICE IS REQUIRED, AN INDIVIDUAL FACT FIND MUST BE COMPLETED****IS THERE PROVISION FOR:**

	Yes	No	
<b>CRITICAL ILLNESS</b>			PLEASE PROVIDE DETAILS IN THE NOTES SECTION IN SECTION G.
<b>INCOME PROTECTION</b>			
<b>INHERITANCE TAX</b>			
<b>PENSIONS</b>	PLEASE PROVIDE DETAILS IN SECTION F.		

**SECTION C.****PARTNERSHIPS**

INCLUDE ALL PARTNERS WHETHER OR NOT INVOLVED IN THE BUSINESS  
(CONTINUE IN NOTES SECTION IF NECESSARY)

NAME	ADDRESS	DOB	SMOKER / NON SMOKER	% INTEREST

**REMUNERATION**

NAME	LAST 3 YEARS PROFITS	DRAWINGS

	<b>Yes</b> <b>No</b>	
<b>IS THERE A WRITTEN PARTNERSHIP AGREEMENT?</b> (IF YES PLEASE SUPPLY A COPY)	<input type="checkbox"/> <input type="checkbox"/>	IF YES PLEASE SUPPLY A COPY

<b>ESTIMATE CAPITAL VALUE OF PARTNERSHIP</b>	
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	<b>Yes</b> <b>No</b>	
<b>EXISTING AGREEMENT FOR PURCHASE OF DIRECTOR'S SHARES?</b>	<input type="checkbox"/> <input type="checkbox"/>	IF YES, PLEASE SUPPLY A COPY AND INDICATE WHICH TYPE. <input type="checkbox"/> BUY AND SELL <input type="checkbox"/> CROSS OPTION <input type="checkbox"/> DEATH ONLY <input type="checkbox"/> DEATH AND RETIREMENT <input type="checkbox"/> INCAPACITY <input type="checkbox"/> OTHER (PLEASE SPECIFY)

<b>*PENSIONS</b> (*IF PERSONAL ADVICE IS REQUIRED, AN INDIVIDUAL FACT FIND MUST BE COMPLETED)	PLEASE PROVIDE DETAILS IN SECTION F.
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<b>ARE THERE ANY FUTURE PLANS RE INCORPORATION?</b>	
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**SECTION D.****COMPANIES**

INCLUDE ALL MAJOR SHAREHOLDERS WHETHER OR NOT INVOLVED IN THE BUSINESS

NAME	ADDRESS	DOB	SMOKER / NON SMOKER	% INTEREST OR VALUE OF HOLDING

**REMUNERATION**

NAME	SALARY / BONUS / FEES	DIVIDENDS	P11D BENEFITS

**ESTIMATED CAPITAL VALUE OF COMPANY MONIES HELD ON DEPOSIT**

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**EXISTING AGREEMENT FOR PURCHASE OF DIRECTOR'S SHARES?**

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

IF YES, PLEASE SUPPLY A COPY AND INDICATE WHICH TYPE.	
<input type="checkbox"/>	BUY AND SELL
<input type="checkbox"/>	CROSS OPTION
<input type="checkbox"/>	DEATH ONLY
<input type="checkbox"/>	DEATH AND RETIREMENT
<input type="checkbox"/>	INCAPACITY

**DOES THE COMPANY HAVE POWER WITHIN THE ARTICLES OF ASSOCIATION TO PURCHASE ITS OWN SHARES?**

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

IF YES PLEASE EXPAND:
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**HAVE ANY ARRANGEMENTS CONCERNING COMPANY SHARE PURCHASE BEEN MADE?**

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

IF YES PLEASE EXPAND:
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**FUTURE PLANS OF COMPANY**

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**CRITICAL ILLNESS INCOME PROTECTION INHERITANCE TAX**

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

PLEASE PROVIDE DETAILS IN THE NOTES SECTION IN SECTION G.
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**PENSIONS**

PLEASE PROVIDE DETAILS IN SECTION F.
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**SECTION E. KEY PERSON ASSURANCE**

**DETAILS OF ANY DIRECTOR / EMPLOYEE WHO CAN BE CONSIDERED AS KEY PERSONNEL**

**NUMBER 1**

<b>TITLE / NAME</b>			
<b>DATE OF BIRTH</b>		<b>SMOKER</b>	<b>NON SMOKER</b>
<b>POSITION</b>			
<b>SPECIAL QUALITIES</b>			
<b>IS A SUCCESSOR BEING TRAINED?</b>			

**SALARY AND OR EMOLUMENT (INCLUDING ANY BONUS PAID) FOR KEY EMPLOYEES OVER LAST 3 YEARS**

YEAR	AMOUNT	YEAR	AMOUNT	YEAR	AMOUNT
20	£	20	£	20	£

**SPECIAL PROJECTS DEPENDENT ON THE KEY EMPLOYEE'S CONTRIBUTION**

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**NUMBER 2**

<b>TITLE / NAME</b>			
<b>DATE OF BIRTH</b>		<b>SMOKER</b>	<b>NON SMOKER</b>
<b>POSITION</b>			
<b>SPECIAL QUALITIES</b>			
<b>IS A SUCCESSOR BEING TRAINED?</b>			

**SALARY AND OR EMOLUMENT (INCLUDING ANY BONUS PAID) FOR KEY EMPLOYEES OVER LAST 3 YEARS**

YEAR	AMOUNT	YEAR	AMOUNT	YEAR	AMOUNT
20	£	20	£	20	£

**SPECIAL PROJECTS DEPENDENT ON THE KEY EMPLOYEE'S CONTRIBUTION**

--

**NUMBER 3**

<b>TITLE / NAME</b>			
<b>DATE OF BIRTH</b>		<b>SMOKER</b>	<b>NON SMOKER</b>
<b>POSITION</b>			
<b>SPECIAL QUALITIES</b>			
<b>IS A SUCCESSOR BEING TRAINED?</b>			

**SALARY AND OR EMOLUMENT (INCLUDING ANY BONUS PAID) FOR KEY EMPLOYEES OVER LAST 3 YEARS**

YEAR	AMOUNT	YEAR	AMOUNT	YEAR	AMOUNT
20	£	20	£	20	£

**SPECIAL PROJECTS DEPENDENT ON THE KEY EMPLOYEE'S CONTRIBUTION**

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**NOTES**

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**SECTION F.**

**PENSION ARRANGEMENTS**

	NAME	DOB	EARNINGS	ANTICIPATED RETIREMENT DATE	LENGTH OF SERVICE	% OF EARNINGS REQUIRED / EXPECTED
1						
2						
3						
4						
5						
6						

**EXISTING ARRANGEMENTS**

	TYPE	COMPANY	PERSONAL CONTRIBUTIONS	COMPANY CONTRIBUTIONS	OTHER BENEFITS (E.G. DIS)
1					
2					
3					
4					
5					
6					

PLEASE ATTACH A SPERATE SHEET IF NECESSARY

	<b>Yes</b> <b>No</b>			
<p><b>ARE THERE ANY EXISTING ARRANGEMENTS FOR OTHER MEMBERS OF STAFF / EMPLOYEES?</b></p>	<table border="1" style="width: 60px; height: 30px; margin: auto;"> <tr><td style="width: 30px;"></td><td style="width: 30px;"></td></tr> </table>			<p>IF YES, PLEASE GIVE DETAILS:</p>

	<b>Yes</b> <b>No</b>			
<p><b>FUTURE PROPOSALS</b></p> <p><b>ARE EXISTING ARRANGEMENTS TO BE CHANGED?</b></p>	<table border="1" style="width: 60px; height: 30px; margin: auto;"> <tr><td style="width: 30px;"></td><td style="width: 30px;"></td></tr> </table>			<p>IF YES, PLEASE GIVE DETAILS:</p>

	<b>Yes</b> <b>No</b>			
<p><b>IS A PENSION SCHEME TO BE SET UP?</b></p>	<table border="1" style="width: 60px; height: 30px; margin: auto;"> <tr><td style="width: 30px;"></td><td style="width: 30px;"></td></tr> </table>			<p>IF YES, PLEASE GIVE DETAILS:</p>

**SECTION F. PENSION ARRANGEMENTS (CONTINUED)**

	Yes	No	
<b>DO THE PENSION FUND INVESTMENTS NEED REVIEWING?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>IF YES, PLEASE GIVE DETAILS:</b>

	Yes	No	
<b>IS DEATH COVER REQUIRED?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>IF YES, PLEASE GIVE DETAILS:</b>

	Yes	No	
<b>IS DISABILITY COVER REQUIRED?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>IF YES, PLEASE GIVE DETAILS:</b>

**SECTION G.**

**NOTES**

**CRITICAL ILLNESS**

Empty box for Critical Illness notes.

**INCOME PROTECTION**

Empty box for Income Protection notes.

**PENSION**

Empty box for Pension notes.

**EXISTING INVESTMENTS OF COMPANY**

Empty box for Existing Investments of Company notes.

**SECTION H. BUSINESS OBJECTIVES**

**INVESTMENT STRATEGY**

**WHAT IS YOUR ATTITUDE TOWARDS INVESTMENT RISK?  
(PLEASE INDICATE THE APPROXIMATE PERCENTAGE FOR EACH CATEGORY)**

No Risk  %   
 Low Risk  %   
 MEDIUM Risk  %   
 MEDIUM / HIGH Risk  %   
 HIGH Risk  %

**BELOW WE HAVE PROVIDED SUGGESTED EXPLANATIONS OF THE DIFFERENT TYPES OF RISK CATEGORY TO HELP YOU.**

No RISK	LOW RISK	MEDIUM RISK	MEDIUM / HIGH RISK	HIGH RISK
I only require modest returns from secure investments where the only risk to my capital is inflation e.g. cash deposits.	I am seeking improved returns than offered by deposit accounts to provide better protection against inflation. I accept that there may be some fluctuation in capital values.	I am seeking a balanced investment approach with moderate risk to enhance potential returns. I accept that this may involve a greater amount of capital fluctuation and possible loss of capital.	I am willing to take a higher risk with part of my fund to achieve higher returns. I am prepared to accept greater fluctuations and an increased chance of capital loss.	I am willing to take high risks in order to achieve higher returns. I am prepared to accept significant fluctuations and the potential loss of capital in pursuit of long term gains.

	<b>Yes</b>	<b>No</b>	
<b>DO YOU HAVE A PREFERENCE FOR ETHICAL INVESTMENT?</b>	<input type="text"/>	<input type="text"/>	<b>IF YES, PLEASE GIVE DETAILS:</b>
			<div style="border: 1px solid black; height: 80px;"></div>

**INVESTMENT TERM**

**IN CONSIDERING YOUR COMPANY’S OBJECTIVES, IT IS ADVISABLE TO ESTIMATE THE TERM OVER WHICH YOU WOULD LIKE THEM TO BE ACHIEVED. THE FOLLOWING INDICATIONS MAY HELP YOUR DECISION.**

- SHORT TERM - UP TO 3 YEARS**
- MEDIUM TERM- 3 TO 5 YEARS**
- LONG TERM - OVER 5 YEARS**

**SECTION I. CORPORATE FINANCIAL PLANNING PRIORITIES**

	Tick
PROTECTION REQUIREMENTS	
MORTGAGE / LOAN COVER	
PENSION PLANNING	
INVESTMENT PLANNING	
OTHER (PLEASE SPECIFY)	

**DO YOU REQUIRE FINANCIAL ADVICE ON YOUR PERSONAL CIRCUMSTANCES?  
(IF YES PLEASE REFER TO INDIVIDUAL FACT FIND)**

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

**SECTION J. CLIENT DECLARATION**

**PLEASE READ CAREFULLY**

**I / WE CONFIRM THAT THE TERMS OF BUSINESS AGREEMENT HAS BEEN READ AND UNDERSTOOD.**

**I / WE CONFIRM THAT THE INFORMATION PROVIDED IN THIS REVIEW IS CORRECT AND IS GIVEN ON THE UNDERSTANDING THAT IS DOES NOT PLACE ME / US UNDER ANY OBLIGATION TO BUY OR TAKE UP ANY RECOMMENDATION WHICH MAY BE MADE AND THAT A COPY OF THE REVIEW FORM IS AVAILABLE ON REQUEST. WHERE BLANK SPACES ARE LEFT, IT IS ASSUMED THAT THE QUESTION IS NOT APPLICABLE OR THAT THE ANSWER IS NIL.**

**I / WE AUTHORISE SCHOLES & BROWN TO OBTAIN QUOTATION DETAILS OF EXISTING LIFE ASSURANCE / PENSION POLICIES AND INVESTMENTS AND MAKE RECOMMENDATION FOR MY / OUR CONSIDERATION.**

Date
/ /
/ /

Clients' Signature

or

Authorised Signature

**SCHOLES & BROWN LTD IS AUTHORISED AND REGULATED BY THE FINANCIAL SERVICES AUTHORITY.**

**THE STABLES  
ST. THOMAS STREET  
NEWCASTLE UPON TYNE  
NE1 4LE**

**TEL: 0845 600 8350  
FAX: 0191 233 2297**

**EMAIL: [advice@sb-am.co.uk](mailto:advice@sb-am.co.uk)  
WEB: [www.sb-am.co.uk](http://www.sb-am.co.uk)**

**FOR CORPORATE INVESTMENTS PLEASE PROVIDE A COPY OF YOUR ARTICLES OF ASSOCIATION**