

Independent Financial Advisor Ltd

Independent Financial Advisers

Corporate Client Questionnaire

(Strictly private & confidential)

Client Name(s)

Adviser Name

Date

NAME OF BUSINESS

ADDRESS

POSTCODE



CONTACT NAME

DESIGNATION

COMPANY YEAR END

COMPANY REG NO

CORPORATION TAX REF

PAYE TAX REF

LEGAL STATUS

 Sole Trader Partnership Limited Company Other

COMPANY PREMISES

 Leasehold Owned Estimated Value £
 Length of Lease to Run Yrs Rent pa £
 Option to Purchase? Yes No
DETAILS OF DIRECTORS/SHAREHOLDERS

	①	②	③	④
SURNAME				
FORENAMES				
% SHAREHOLDING				
OCCUPATION				
DATE OF BIRTH				
SEX	MALE / FEMALE	MALE / FEMALE	MALE / FEMALE	MALE / FEMALE
MARITAL STATUS				
SPOUSES DOB				
DATE JOINED SERVICE				
NORMAL RETIRE DATE				
GOOD HEALTH	YES / NO	YES / NO	YES / NO	YES / NO
IF NO GIVE DETAILS				
SMOKER	YES / NO	YES / NO	YES / NO	YES / NO
INCOME DETAILS				
BASIC SALARY PA				
BONUS				
P11D				
DIVIDENDS				
TOTAL	£	£	£	£

PAYROLL SYSTEM

 In-house Computer In-house Manual
 Payroll Bureau Other

NAME OF ACCOUNTANTS/AUDITORS

ADDRESS

DO THEY GIVE PERSONAL FINANCIAL GUIDANCE TO THE SHAREHOLDERS/DIRECTORS? YES NODO THEY ACT AS AUDITORS ? YES NODO THEY ACT AS TAX PLANNERS? YES NOARE COPIES OF ACCOUNTS AVAILABLE YES NO
(If yes you do not need to complete the following section)

ISSUED SHARE CAPITAL £

VALUE OF BUSINESS CURRENT £ PROJECTED £

BUSINESS TURNOVER CURRENT £ PROJECTED £ LAST YEAR £

NET BUSINESS PROFITS CURRENT £ PROJECTED £ LAST YEAR £

DID THE BUSINESS PAY CORPORATION TAX? (% RATE) THIS YEAR PREVIOUS YEARS

NAME OF BANKER

ADDRESS

HOW GOOD IS THE BUSINESS RELATIONSHIP? POOR FAIR GOOD EXCELLENTDO THEY HELP THE BUSINESS? YES NO

WHAT SERVICES DO THEY PROVIDE?

WHAT SERVICES DO YOU REGULARLY USE?

COMMERCIAL LOANS

SOURCE & PURPOSE	AMOUNT OUTSTANDING	START DATE	TERM	TERMS & CONDITIONS (rates, fixed or variable)	SECURITY (personal guarantees, security value)

COMMERCIAL LOANS CONTINUED

WHEN WERE LOANS LAST REVIEWED/HOW WILL THEY BE REPAID?

ARE THEY ADEQUATE TO MEET CURRENT/FUTURE NEEDS (FOR HOW LONG)?

HOW LIMITED IS DIRECTORS' LIABILITY (GUARANTEES)?

IS YOUR FAMILY'S SECURITY AT RISK?

WOULD YOU BE INTERESTED IN RESTRUCTURING LOANS?

NAME OF SOLICITOR

ADDRESS

KEYMAN

DIRECTORS

IF ANY DIRECTOR DIED OR SUFFERED A CRITICAL ILLNESS WOULD IT AFFECT THE VALUE OF THE BUSINESS? YES NO

IF YES, BY HOW MUCH?

HAVE YOU INSURED AGAINST THIS RISK? YES NO

IF YES, GIVE DETAILS

EMPLOYEES

DO YOU INSURE ALL OTHER BUSINESS RESOURCES? YES NO

WOULD KEY EMPLOYEES BE EASY TO REPLACE? YES NO
(eg, loss of expertise, cost and time to train)

WOULD IT AFFECT EITHER PROFITABILITY OR YOUR FUTURE PLANS? YES NO

CAN YOU PUT A COST ON THEIR LOSS? £

GIVE DETAILS OF ANY OTHER KEY INDIVIDUALS RESPONSIBLE FOR GENERATING PROFITS BELOW:

	①	②	③	④
SURNAME				
FORENAMES				
DATE OF BIRTH				
OCCUPATION				
SALARY				

SHARE PURCHASE

DO THE DIRECTORS HAVE WILLS? YES NO

IS THERE A COMPANY WILL? YES NO

IF YES TO THE ABOVE, DO THE OTHER SHAREHOLDERS/PARTNERS
KNOW THE CONTENTS WITH REGARD TO BUSINESS/SHARES? YES NO

COPY OF THE SHAREHOLDER/PARTNERSHIP AGREEMENTS AVAILABLE? YES NO

ARE THERE ANY AGREEMENTS FOR BUYING OUT SHAREHOLDERS AT
RETIREMENT OR EARLIER? YES NO

DIRECTORS	①	②	③	④
WHAT WOULD YOU LIKE TO HAPPEN TO YOUR SHARES IF ANYTHING HAPPENED TO YOU?				
WHO HAVE YOU WILLED YOUR SHARES TO?				
IS YOUR EMPLOYMENT IN THE BUSINESS WORTH MORE TO YOUR FAMILY THAN THE VALUE OF YOUR SHARES?				

IF A DIRECTOR/PARTNER DIES, WILL THE REMAINING DIRECTORS RETAIN CONTROL OF THE SHARES?
IF YES, HOW? YES NO

WOULD THE DISABILITY OF A DIRECTOR AFFECT THE RUNNING OF THE BUSINESS? YES NO

WHAT STEPS HAVE YOU TAKEN TO MINIMISE THE IMPACT ON THE BUSINESS?

LIFE POLICIES

DIRECTORS

GIVE DETAILS OF ANY LIFE ASSURANCE CONTRACTS CURRENTLY IN FORCE TO COVER SHAREHOLDERS/PARTNERS

	①	②	③	④
POLICY NUMBER	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.
INSURANCE COMPANY	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.
TYPE OF COVER	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.
START DATE	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.
MATURITY DATE	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.
LEVEL OF COVER	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.
PREMIUM	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.
IN TRUST	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.
BENEFICIARY	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.

NOTES

LIFE POLICIES

KEYMAN

GIVE DETAILS OF ANY LIFE ASSURANCE CONTRACTS CURRENTLY IN FORCE TO COVER KEY EMPLOYEES

	①	②	③	④
POLICY NUMBER	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.
INSURANCE COMPANY	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.
TYPE OF COVER	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.
START DATE	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.
MATURITY DATE	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.
LEVEL OF COVER	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.
PREMIUM	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.
IN TRUST	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.
BENEFICIARY	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.

NOTES

DIRECTORS/PARTNERS PENSION SCHEME

GIVE DETAILS BELOW OF DIRECTORS/PARTNERS CURRENT PENSION PROVISIONS

WHICH INSURANCE COMPANY IS THE SCHEME WITH?

WHO WAS THE ADVISOR INVOLVED?

TYPE OF SCHEME

WHY WAS THIS TYPE OF SCHEME CHOSEN?

WHO ARE THE MEMBERS?

SCHEME RETIREMENT AGE

MALE

FEMALE

BENEFITS

(eg death benefit, disability benefits)

RETURN OF FUND?

YES

NO

CONTRIBUTIONS
LEVEL

SET AMOUNT

PERCENTAGE

LINKED TO SALARY

CURRENT RATES

COMPANY

INDIVIDUALS

OR STATE RATE FOR EACH MEMBER

①

②

③

④

WHICH FUNDS ARE THE MONIES INVESTED IN?

CONTRACTED OUT?

YES

NO

IS THERE A LOANBACK FACILITY?

YES

NO

IS ANY COMPANY PROPERTY HELD
AS AN ASSET OF THE SCHEME?

YES

NO

SCHEME BOOKLET AVAILABLE?

YES

NO

DO YOU GET A GOOD SERVICE FROM YOUR CURRENT SCHEME EG, DOES IT INCLUDE A PENSION AUDIT?

WHAT HAPPENS IF YOU WANT TO RETIRE EARLIER?

WHAT HAPPENS IF YOU ARE FORCED TO RETIRE THROUGH ILL HEALTH?

WHAT LEVEL OF INCOME WILL YOU GET IN RETIREMENT?

ARE YOU USING THE SCHEME IN YOUR TAX PLANNING?

WILL YOU BE ABLE TO AFFORD YOUR CURRENT LIFESTYLE IN RETIREMENT?

IS BUILDING UP ASSETS OUTSIDE OF THE BUSINESS AN OBJECTIVE OF THIS SCHEME?

ARE THERE ANY DEFERRED BENEFITS?

EMPLOYEES PENSION SCHEME

WHICH COMPANY IS THE SCHEME WITH?

WHO WAS THE ADVISOR INVOLVED?

TYPE OF SCHEME?

WHY WAS THIS TYPE OF SCHEME CHOSEN?

WHO DOES IT COVER?
(eg, number of employees)

SCHEME RETIREMENT AGE

MALE

FEMALE

BENEFITS

RETURN OF FUND?

YES

NO

CONTRIBUTIONS

SET AMOUNT

PERCENTAGE

LINKED TO SALARY

LEVEL

CURRENT RATES

COMPANY

MEMBERS

CONTRACTED OUT?

YES

NO

SCHEME BOOKLET AVAILABLE?

YES

NO

ARE YOUR EMPLOYEES HAPPY WITH THE CURRENT SCHEME?

IF THEY DO NOT HAVE A SCHEME, WOULD YOU LIKE TO PROVIDE ONE?

WOULD YOU PREFER TO CONTROL COSTS OR BENEFITS?

PERSONAL LOANS

	①	②	③	④
SOURCE (eg, mortgage)	1. 2.	1. 2.	1. 2.	1. 2.
AMOUNT	1. 2.	1. 2.	1. 2.	1. 2.
TERM	1. 2.	1. 2.	1. 2.	1. 2.
TERMS, CONDITIONS REPAYMENT METHOD	1. 2.	1. 2.	1. 2.	1. 2.
SECURITY	1. 2.	1. 2.	1. 2.	1. 2.

ARE THESE LOANS PART OF YOUR OVERALL TAX PLANNING
(eg, mortgages qualifying over £30,000)?

WHY DID YOU CHOOSE THESE REPAYMENT METHODS?

FUTURE BUSINESS PLANNING

WHAT PLANS DO YOU HAVE FOR THE BUSINESS IN THE NEXT 1 YEAR, 3 YEARS, 5 YEARS?

1 YR

3 YRS

5 YRS

OBJECTIVES

WHICH OF THE ISSUES DISCUSSED DO WE NEED TO TACKLE NOW? Place in order of priority (1 highest)

	①	②	③	④
KEYMAN - contingency planning for loss of profits				
SHARE PROTECTION - for Directors and Shareholders				
COMMERCIAL LOANS - tax efficient repayment & protection				
PERSONAL LOANS - restructuring existing loans				
RETIREMENT PLANNING - for Directors				
for Employees				
FINANCIAL PLANNING FOR THE BUSINESS				

WHICH IS THE MOST IMPORTANT TO YOU AND WHY?

①

②

③

④

NEXT STEPS

My proposals for the next meeting

Date of next meeting

As well as help for the business, would you like me to provide personal financial guidance to you, other Directors, or key employees?

I can provide help with:-

Personal Mortgages
Family Protection
Inheritance Tax Planning
Permanent Health Insurance
Tax Planning
School Fees

PLEASE INDICATE THE TRUSTEES AGREED LEVEL OF ACCEPTABLE INVESTMENT RISK:

LOW	MEDIUM LOW	MEDIUM	MEDIUM HIGH	HIGH

GENERAL ADVISORS

WHO PROVIDES FINANCIAL GUIDANCE TO THE BUSINESS?
(eg, Accountants, Insurance Broker, Solicitor)

CLIENT DECLARATION

PLEASE DELETE ANY OF THE FOLLOWING STATEMENTS WHICH DO NOT APPLY:

I/We confirm that we have received a business card and terms of business letter

I/We confirm that the information provided has been accurately recorded

I/We agree that the data may be held on computer

Client Signature

Date

Name

Designation

Adviser please print and sign name