

Fact Find Summary

Name:

Completed By:

On:

Data Protection Act 2018

The information given in this document will be retained on computer for reference purposes and will be held in accordance with the Data Protection Act 2018. The information may also be used by Leodis Financial LTD to provide you with the details of products suitable to your requirements.

Leodis Financial LTD is authorised and regulated by the Financial Conduct Authority (FCA), firm reference number 750327.

Personal Details

	Self				Partner			
Title (Mr/Mrs/Miss/Ms/Other)								
Forename								
Middle Name								
Surname								
Preferred Name								
Marital Status								
Maiden Name								
Salutation								
Are you in good health? (<i>tick</i>)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Smoker (<i>tick</i>)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Gender (<i>tick</i>)	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
Age and Date of Birth	Age	<input type="text"/>	DOB	<input type="text"/>	Age	<input type="text"/>	DOB	<input type="text"/>
Anticipated Retirement Date								
Nationality								
Housing Status								
Highest Tax Rate								
National Insurance No.								
Country of Residence								
Is the client vulnerable								
Notes								

Preferred Method of Contact

	Self				Partner			
	Yes		No		Yes		No	
SMS Communication Preference (<i>tick</i>)	Yes		No		Yes		No	
Email Communication Preference (<i>tick</i>)	Yes		No		Yes		No	
Phone Communication Preference (<i>tick</i>)	Yes		No		Yes		No	
Mail Communication Preference (<i>tick</i>)	Yes		No		Yes		No	

Contact Details

Client Telephone/Email

	Number/Address	Preferred (<i>tick</i>)	Best Time to Contact	Comments
Home Telephone				
Work Telephone				
Mobile				
Home Email				
Work Email				

Partner Telephone/Email

	Number/Address	Preferred (<i>tick</i>)	Best Time to Contact	Comments
Home Telephone				
Work Telephone				
Other Telephone				
Mobile				
Home Email				
Work Email				

Client Addresses

Current Addresses (MINIMUM 3 YEARS ADDRESS NEEDED)

Type (<i>tick one</i>)	Residential		Business		Postal		Registered	
	DX Document Exchange		Post Settlement		New			
Status	Owner		Owner Occupied			Rental		
	Living with Parents		Leased			Other		
House Name/No								
Postcode								
Street Name								
Town								
County								
Country								
Electoral Roll								
Time at Address		months		Preferred				

(IF LESS THAN 3 YEARS ABOVE PLEASE COMPLETE)

Type (<i>tick one</i>)	Residential		Business		Postal		Registered	
	DX Document Exchange		Post Settlement		New			
Status	Owner		Owner Occupied			Rental		
	Living with Parents		Leased			Other		
House Name/No								
Postcode								
Street Name								
Town								
County								
Country								
Electoral Roll								
Time at Address		months		Preferred				

Partner Addresses

Current Addresses

Type (<i>tick one</i>)	Residential		Business		Postal		Registered	
	DX Document Exchange		Post Settlement		New			
Status	Owner		Owner Occupied			Rental		
	Living with Parents		Leased			Other		
House Name/No								
Postcode								
Street Name								
Town								
County								
Country								
Electoral Roll								
Time at Address		months		Preferred				

(IF LESS THAN 3 YEARS ABOVE PLEASE COMPLETE)

Type (<i>tick one</i>)	Residential		Business		Postal		Registered	
	DX Document Exchange		Post Settlement		New			
Status	Owner		Owner Occupied			Rental		
	Living with Parents		Leased			Other		
House Name/No								
Postcode								
Street Name								
Town								
County								
Country								
Electoral Roll								
Time at Address		months		Preferred				

Current Expectations

What can I help you with?	
What is really important to you and why?	
What future changes to your circumstances are you aware of?	
Property to be Purchased Address	
Purchase Price	
Deposit Available	
Source of Deposit (Savings/Gifted/Sale of Property?)	
Estate Agent Details (Name, address and Contact Name)	
Solicitor Details (Name, address and Contact Name) Leave blank if none instructed	
Re-mortgage (Only) Current Lender Mortgage Account Number Amount Remaining on Existing Mortgage	

Dependants/Children

Dependant 1

Title			Surname							
Forename										
Relationship			Related To				Date of Birth			Age
Gender	Male		Female		Financially Dependant	Yes		No		Until Age
Language										
School Fees	Fee		From		To		Establishment			Boarding
Pre School									N/A	
Primary										
Secondary										
University										
Notes										

Dependant 2

Title			Surname							
Forename										
Relationship			Related To				Date of Birth			Age
Gender	Male		Female		Financially Dependant	Yes		No		Until Age
Language										
School Fees	Fee		From		To		Establishment			Boarding
Pre School									N/A	
Primary										
Secondary										
University										
Notes										

Dependant 3

Title			Surname							
Forename										
Relationship			Related To				Date of Birth			Age
Gender	Male		Female		Financially Dependant	Yes		No		Until Age
Language										
School Fees	Fee		From		To		Establishment			Boarding
Pre School									N/A	
Primary										
Secondary										
University										
Notes										

Employment Details

Client Main Employment (3 Years History Required)

Occupation				
Job Title				
Employer				
Status	Employed	<input type="checkbox"/>	Contractor	<input type="checkbox"/>
	Self-Employed	<input type="checkbox"/>	Student	<input type="checkbox"/>
	Unemployed	<input type="checkbox"/>	Retired	<input type="checkbox"/>
	Housewife/husband			<input type="checkbox"/>
Main Occupation	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Start Date				
End Date				
On Probation	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Employer Phone				
Employer House Name/No.				
Employer Postcode				
Employer Street Name				
Employer Town				
Employer County				
Employer Country				
Notes				

PLEASE COMPLETE IF LESS THAN 3 YEARS HISTORY ABOVE

Occupation				
Job Title				
Employer				
Status	Employed	<input type="checkbox"/>	Contractor	<input type="checkbox"/>
	Self-Employed	<input type="checkbox"/>	Student	<input type="checkbox"/>
	Unemployed	<input type="checkbox"/>	Retired	<input type="checkbox"/>
	Housewife/husband			<input type="checkbox"/>
Main Occupation	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Start Date			
End Date			
On Probation	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Employer Phone			
Employer House Name/No.			
Employer Postcode			
Employer Street Name			
Employer Town			
Employer County			
Employer Country			
Notes			

Partner Main Employment (3 Years History Required)

Occupation			
Job Title			
Employer			
Status	Employed	<input type="checkbox"/>	Contractor <input type="checkbox"/>
	Self-Employed	<input type="checkbox"/>	Student <input type="checkbox"/>
	Unemployed	<input type="checkbox"/>	Retired <input type="checkbox"/>
	Housewife/husband <input type="checkbox"/>		
Main Occupation	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Start Date			
End Date			
On Probation	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Employer Phone			
Employer House Name/No.			
Employer Postcode			
Employer Street Name			
Employer Town			
Employer County			
Employer Country			
Notes			

Income

Type	Owner	Description	Frequency	Amount	Start Date	End Date	Future Amount
Employed Salary	Client	Employed Salary	Yearly				
Employed Salary	Client	Previous Employed Salary	Yearly				
Self Employed Salary	Client	Self Employed Latest year	Yearly				
Self Employed Salary	Client	Self Employed Previous year	Yearly				
Self Employed Salary	Client	Self Employed Year before that	Yearly				
Other Guaranteed Employment	Client	Other Guaranteed Employment	Yearly				
Other Non-Guaranteed Employment	Client	Other Non-Guaranteed Employment	Yearly				
Guaranteed Bonus	Client	Guaranteed Bonus	Yearly				
Guaranteed Overtime	Client	Guaranteed Overtime	Yearly				
Guaranteed Commission	Client	Guaranteed Commission	Yearly				
Property Income	Client	Property Income	Yearly				
Investment Income: Taxable	Client	Investment Income: Taxable	Yearly				
Investment Income: Non Taxable	Client	Investment Income: Non Taxable	Yearly				

Income (2nd Applicant)

Type	Owner	Description	Frequency	Amount	Start Date	End Date	Future Amount
Employed Salary	Client	Employed Salary	Yearly				
Self Employed Salary	Client	Self Employed Latest year	Yearly				
Self Employed Salary	Client	Self Employed Previous year	Yearly				
Self Employed Salary	Client	Self Employed Year before that	Yearly				
Other Guaranteed Employment	Client	Other Guaranteed Employment	Yearly				
Other Non-Guaranteed Employment	Client	Other Non-Guaranteed Employment	Yearly				
Guaranteed Bonus	Client	Guaranteed Bonus	Yearly				
Guaranteed Overtime	Client	Guaranteed Overtime	Yearly				
Guaranteed Commission	Client	Guaranteed Commission	Yearly				
Property Income	Client	Property Income	Yearly				
Investment Income: Taxable	Client	Investment Income: Taxable	Yearly				
Investment Income: Non Taxable	Client	Investment Income: Non Taxable	Yearly				

Liabilities

Owners	Client										
Liability Type	Current	✓	Long Term		Contingent		Sub-Type				
Description							Lender				
Account/Client Number		Start Date				End Date		Status	Current		
Original Amount		Outstanding Balance				Repay in Advance	No	Terms Portable			
Penalty if Transferred		Penalty Amount				Prepared to Pay Penalties					
Repayment Amount		Limit				Frequency		Monthly			
Interest Rate Type	Variable		Fixed		Tracker		Discounted		Capped		
Repayment Type	Principal & Interest		Interest Only		Interest Capitalised		Interest Rate p.a				
Split Loan		Interest Only Amount				Repayment Only Amount					
Notes											

Owners	Client										
Liability Type	Current		Long Term	✓	Contingent		Sub-Type				
Description							Lender				
Account/Client Number		Start Date					End Date		Status	Current	
Original Amount		Outstanding Balance					Repay in Advance	No	Terms Portable		
Penalty if Transferred	No	Penalty Amount					Prepared to Pay Penalties		No		
Repayment Amount		Limit					Frequency		Monthly		
Interest Rate Type	Variable		Fixed		Tracker		Discounted		Capped		
Repayment Type	Principal & Interest		Interest Only		Interest Capitalised		Interest Rate p.a		0.00%		
Split Loan	No	Interest Only Amount					Repayment Only Amount				
Notes											

Assets

Asset Type	Business Asset		Investments		Life Style		National Savings		Property and Land		Other	
Sub-Type						Description						
Current Value						Valuation Date						
Owners						Status						
Notes												

Insurance Policies

Protection Policies

Policy Type	Whole of Life		Endowment		Term		Cover Type					
Policy Number			Provider					Plan Name				
Product Description								Owner				
Premium			Frequency			Status			Start Date		End Date	
Policy Notes						Next Review Date			Under Advice	Yes		No
Cover	Contract Value		Life Insurance		Critical Illness		Income Protection		Family Income Benefit			Additional Benefits
Type					Life Insured				Sum Insured/Benefit			
Description					Waiting Period				Benefit Frequency			
Issue Date			Submitted Date			Expiry Date			Renewal Date			
Premium Type	Guaranteed		Reviewable		Low Start		Loading Expiry Date			Exclusions Expiry Date		
Cover Notes								Status				

General Insurance Policies

Policy Type					Owner				
Policy Number		Provider			Plan Name				
Product Description					Cover Amount				
Premium		Frequency		Status		Start Date		Issue Date	
Policy Notes				Submitted Date		Under Advice	Yes		No

Pension Policies

Policy Type					Fund/Policy Number				
Product Provider					Description				
Owner					Policy Status				
Fund Value			Estimated Fund Value at Retirement			Projected Pension Income			
Contribution / Benefit Type	Defined contribution		Defined benefit		Pension type (<i>tick</i>)	Personal		Employer	
Inception Date			Normal Retirement Date			Scheme Requirement Age			
Notes									

Expenditure

Type	Owner	Description	Frequency	Amount	Start Date	End Date	Future Amount
Credit Cards	Client	Credit Card	Monthly				
Car Loan	Client	Car Loan	Monthly				
Gas	Client	Gas	Monthly				
Water	Client	Water	Monthly				
Electricity	Client	Electricity	Monthly				
Council Tax	Client	Council Tax	Monthly				
Housing Maintenance	Client	Housing Maintenance	Monthly				
Home	Client	Home	Monthly				
Car	Client	Car	Monthly				
Car Maintenance	Client	Car Repairs	Monthly				
Other Travel Expense	Client	Other Travel Expense	Monthly				
Health	Client	Health	Monthly				

Other Food Expenses	Client	Other Food Expenses	Monthly				
Clothing	Client	Clothing	Monthly				
Hairdressing	Client	Hairdressing	Monthly				
Cosmetics	Client	Cosmetics	Monthly				
Holiday	Client	Holiday	Monthly				
Memberships	Client	Memberships	Monthly				
Gym membership	Client	Gym membership	Monthly				
Personal - Hobbies	Client	Personal - Hobbies	Monthly				
Pets	Client	Pets	Monthly				
Gambling & Lotteries	Client	Gambling & Lotteries	Monthly				
Christmas/Birthday	Client	Christmas/Birthday	Monthly				
Pharmaceutical	Client	Pharmaceutical	Monthly				
Other Health Care	Client	Other Health Care	Monthly				
Mobile	Client	Mobile	Monthly				
Telephone	Client	Telephone	Monthly				

Television	Client	Television	Monthly				
Groceries	Client	Groceries	Monthly				
Notes							

Budget

Monthly	Annualy
£0.00	£0.00

Credit History

				Self		Partner	
Have you ever had County Court Judgements registered against you?				Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Owner	Date Registered	Amount	Date Satisfied

				Self		Partner	
Have you ever had defaults registered against you?				Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Owner	Date Registered	Amount	Date Satisfied

				Self		Partner	
Have you ever had any arrears on a mortgage, loan or credit card?				Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Owner	Date of Arrears	Payments Missed	Amount	Date of Clearance	Payments in Arrears

				Self		Partner	
Do you have any repossessions?				Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Owner	Date of Repossession	Debt Outstanding

		Self	Partner

		Self	Partner
Do you have any history of bankruptcies?	Yes	No	Yes
Owner	Discharge Date		

		Self	Partner
Do you have any IVA's?	Yes	No	Yes
Owner	Current	Years Maintained	Date Satisfied

Bank Account Details

Bank and Account Holder Name	Account Number	Sort-Code	Branch Address	Type (Current/Savings)
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Bank and Account Holder Name	Account Number	Sort-Code	Branch Address	Type (Current/Savings)
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Bank and Account Holder Name	Account Number	Sort-Code	Branch Address	Type (Current/Savings)
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Bank and Account Holder Name	Account Number	Sort-Code	Branch Address	Type (Current/Savings)
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Declaration

Please read and check this entire form before signing.

The information provided will be treated in the strictest confidence and used to make recommendations in relation to your financial goals. It may or may not be held on computer for future marketing purposes.

Additional information, in the form of identification documents, may be required to allow the Financial Adviser to comply with current regulations.

I understand that the recommendations will be based solely on the information given in this review (including any Additional information overleaf) and any supplementary questionnaire(s).

I/We also confirm that the details given in the Pension Policies section regarding my/our Company pension scheme are correct, and that I/We have verified these with my/our employer.

I have also received the initial disclosure document, terms of business letter, data protection statement and business card from my financial adviser.

Signature	<input type="text"/>	Signature	<input type="text"/>
Print Name	<input type="text"/>	Print Name	<input type="text"/>
Date	<input type="text"/>	Date	<input type="text"/>

PLEASE NOTE WE WILL NEED THE FOLLOWING MINIMUM DOCUMENTATION PRIOR TO APPLICATION

EMPLOYED

3 MONTHS WAGE SLIPS

3 MONTHS PERSONAL BANK STATEMENTS SHOWING SALARY/WAGE PAYMENTS

LATEST P60

UTILITY BILL DATED WITHIN LAST 3 MONTHS

PHOTOGRAPHIC ID (PASSPORT AND/OR DRIVING LICENCE)

UNIVERSAL CREDIT / WORKING TAX CREDIT / CHILD BENEFIT (LAST 3 MONTHS AWARD LETTER)

SELF-EMPLOYED

LAST 2 YEARS SA302'S AND/OR LAST 2 YEARS TAX OVERVIEW CALCULATIONS

3 MONTHS PERSONAL BANK STATEMENTS SHOWING INCOME VERIFYING SA302'S OR TAX CALCULATIONS

UTILITY BILL DATED WITHIN LAST 3 MONTHS

PHOTOGRAPHIC ID (PASSPORT AND/OR DRIVING LICENCE)

UNIVERSAL CREDIT / WORKING TAX CREDIT / CHILD BENEFIT (LAST 3 MONTHS AWARD LETTER)