

Confidential Corporate Client Questionnaire

CLIENT NAME		MACO CODE (EXISTING CLIENT)	
ADVISER		DATE	
BASIS OF ADVICE	FULL	LIMITED	RESTRICTED

Martin Aitken Financial Services Limited
Caledonia House
89 Seaward Street
Glasgow
G41 1HJ

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**MARTIN
AITKEN**

FINANCIAL
SERVICES
LIMITED

Martin Aitken Financial Services Limited are authorised and regulated by the
Financial Services Authority

To enable us to provide suitable advice, information is required concerning your circumstances, attitudes and objectives. Whilst not all of the following information is essential, we may be unable to give suitable advice if insufficient information is provided.

We strongly recommend a full financial review be carried out to ensure your individual circumstances and needs are taken into account. Detailed completion of this form allows us, as Independent Financial Advisers, to assess and prioritise your financial planning needs.

If our advice is limited to specific areas of financial planning then this will be noted and naturally we will only be responsible for the advice provided and even in respect of this we will not be liable should any withheld information affect the advice we provide.

General Business Details

Title / Initial / Surname			
Forenames			
Salutation			
Position			
Company Name			
Telephone Work			
Email address			
Principal Activity			
Contact Telephone –Mob			
Email Address			
Description			
Legal structure	Sole Trader	Partnership (Inc. Limited Liability P’ship)	
	Private Limited Company	Public Limited Company	
	Club, Association or Charity		
Main Operational Address & Postcode			
Registered Business Address			
Company Registration Number			

Advisers

Do you currently have a Financial Adviser?	Yes/No
Name of: Addressee Firm Address Postcode	
Contact Name Telephone Number	

Do you currently have a Solicitor?	Yes/No
Name of: Addressee Firm Address Postcode	
Contact Name Telephone Number	

Do you currently have an Accountant?	Yes/No
Name of: Addressee Firm Address Postcode	
Contact Name Telephone Number	

Can we contact your business advisers if we need to verify any of the information? Yes / No

Would you consider reviewing your general insurance cover? Yes / No

If yes, date of renewal

Partnership Details

Name	Address	Date of Birth	Smoker	% Interest
			Yes /No	
			Yes /No	
			Yes /No	
			Yes /No	

Is there a written partnership agreement? If yes, please provide a copy.	Yes / No		
Is there an existing agreement for purchase of the Partner's shares?	Yes/No		
If yes, which type?	Buy & Sell	Cross Option	Death Only
	Death & Retirement	Incapacity	Other:
Are there any plans to incorporate? If yes, please give details.	Yes / No		

Limited Company Details

How long established as a limited?	Years
Issued share capital	
Can you provide copy of Certificate of	Yes / No
Company reference number	

Accounts

Summary Profit & Loss

Accounting date		Year -1	Year -2
Account year ended			
Sales	£=	£	£
Cost of sales	£	£	£
Gross profit	£	£	£
Other income	£	£	£
Interest receivable	£	£	£
Interest payable	£	£	£
Total expenditure	£	£	£
Profit / loss before tax	£	£	£
Taxation			
Profit / loss after tax	£	£	£
Are dividends declared			

Balance Sheet - Assets and Liabilities and Borrowings

Assets

Accounting date		Year -1	Year -2
Total fixed assets	£	£	£
Other assets	£	£	£
Other current assets	£	£	£
Total current assets	£	£	£

Liabilities

Accounting date		Year -1	Year -2
Total current liabilities	£	£	£
Total long term liabilities	£	£	£

Are the liabilities covered in the event of death or illness? Yes / No

If yes, please provide details of existing Protection Policies in this regard:

Company	Life Assured	Start Date	Mat Date	Death S/A	CIC S/A	Premium	In Trust?

Borrowings

Current overdraft limit	£
Current overdraft balance	£
Current overdraft rate	%
Security	£
Other borrowing	£
Life cover protecting loans Details	Yes / No

Property

Owned	Yes / No
Value	£
Borrowings	£ Term
Cover on borrowings	£

Key Individuals

Shareholders

Please include all major shareholders whether or not involved in the business

Name	Gender	Date of Birth	Holding (%)	Smoker
	M / F			Yes / No
	M / F			Yes / No
	M / F			Yes / No
	M / F			Yes / No
	M / F			Yes / No

Directors

Name	Position	Date of Birth	Gender	Salary (£)	Smoker
			M / F		Yes / No
			M / F		Yes / No
			M / F		Yes / No
			M / F		Yes / No
			M / F		Yes / No

Keyperson

Name	Position	Salary	Sales (%)	Profit (%)	Gender	Smoker
					M / F	Yes / No
					M / F	Yes / No
					M / F	Yes / No
					M / F	Yes / No
					M / F	Yes / No

Legal Aspects

Are there any agreements for buying and selling of director's shares?	Yes / No		
If yes, which type?	Buy & Sell	Cross Option	Death Only
	Death & Retirement		Incapacity
Does the company have power within its Articles of Association to purchase its own shares?	Yes / No		
If yes, please give details			
Does the company provide for the loss of profit following the death or disablement of any directors or key employees?	Yes / No		
If yes, please provide details.	Sum Insured		
	Term		
	Annual Cost		
	Disablement Cover		

Pension Arrangements for the Business

Are there currently any pension arrangements? Yes / No

If yes, what type of plan(s) is in place?	PPPs	GPPs	EPPs
	SSAS	SIPPs	Occupational

If the retirement planning is not an Occupational Scheme then please complete the following:

Type of Contract	Name of Company	Start Date	NRD	Policy Holder	Employee Premium	Employer Premium	Death S/A	In Trust?

Plans contracted out?	Yes / No		
If yes, with who			
If the Retirement Planning is an Occupational Scheme then please complete the following:			
Name of Scheme?			
Type of Scheme?			
Insurer/Actuary?			
Start Date?			
Is the scheme contract out of SERPs?	Yes / No		
What is the payment basis for the scheme?		Employer	Employee
	% of Salary		
Company Cont			
Normal ret age?			
Numbers in scheme?			
DIS if applicable			
Widow(er)s DIS			

Widow(er)s Death after Ret	
How is the scheme calculated, e.g. 60th, 80 th , money purchase?	
Details of in house AVC scheme?	
What benefits are payable if an employee becomes disabled?	
Are there any additional benefits	Yes / No
Is yes, what are the details.	
Are any of the partners or directors retiring shortly?	Yes / No
Are there any new partners or directors to be appointed in the near future?	Yes / No
If the answer is yes to either of these questions then please provide details.	

Employee Information

Number of Employees in the Business?	Full Time	Part Time
Please provide details of the number of employees in each age range.	Below 20	40-49
	20-29	50-59
	30-39	60+

What specific categories of employees do you have?

Category	Details of Duties	Number	Normal Retirement	Hours	Regular Overtime	Weekly pay
A						
B						
C						
D						
E						
F						

Do you operate a computerised payroll system?	Yes / No
Total salary roll (per month)?	
Are staffing levels increasing/decreasing?	
What is the annual salary review date?	
Is there a Trade Union to whom employees are affiliated?	Yes / No
Is their agreement necessary regarding changes in employee benefits?	Yes / No

Employee Benefit Schemes

Does the company operate any of the following employee benefit schemes?

Benefit	Insurer	Number of Employees	Annual Premium	Level of Benefits
Private Medical Insurance				
Permanent Health				
Group Life Assurance				
Share Save/Options				
Other				

Funds Available for Life, Pensions and Investment Recommendations

Lump Sum	
Regular Premium	
Do you require access to these funds?	Yes / No
When are the funds available? (e.g. is there notice required)	
How long do you wish to invest for?	
Are there any further funds anticipated/available for investment?	Yes / No
If yes, how much?	
Do you have any investment restrictions?	Yes / No
If yes, what are they?	

Investment Objectives

To maximise income?	
To achieve capital growth?	
To obtain a balance between income & growth?	

Overall Objectives

Planning your objectives – number the relevant boxes in order of priority (1 being the highest)

Executive Income Protection		Investment	
Life Assurance & Critical Illness (including keyman, partnership & share		Tax Planning	
Property Purchase		Offshore Planning	
Pensions		Private Medical Insurance	
Savings		Other –please specify	

Attitude to Investment Risk

Risk Profile Descriptions

Low

You tend to prefer investments with a low risk of decline in value. You are more interested in preserving the value of your investment than receiving a return on your capital.

Low to Medium

You tend to prefer investments with lower risks of decline in value. However, you do recognise that in order to achieve higher returns, some risks must be incurred and you are prepared to tolerate some fluctuation and volatility in your investment.

Medium

You are willing to place reasonable emphasis on growth investments and are aware that these are liable to fluctuate in value. You can tolerate some fluctuations and volatility, but you tend to stay away from the possibility of dramatic or frequent changes.

Medium to High

You have an above-average tolerance to risk and are willing to accept a greater chance of decline in value for potentially higher returns.

High

You are willing, and unusually eager, to accept a greater chance of a decline in initial value in return for potentially higher returns

PLEASE READ AND CHECK THIS ENTIRE FORM BEFORE SIGNING.

I/We confirm that the information given and recorded on this form is correct and understand that it shall form the basis for all advice offered.

I HAVE ALSO RECEIVED THE FOLLOWING - KEY FACTS ABOUT OUR SERVICES DOCUMENT, CLIENT AGREEMENT, KEY FACTS ABOUT THE COST OF OUR SERVICES AND A BUSINESS CARD FROM MY FINANCIAL SERVICES MANAGER. IN ADDITION, I ALSO CONFIRM THE ANSWERS GIVEN IN RESPECT OF THE RISK QUESTIONNAIRE HAVE BEEN RECORDED ACCURATELY. I UNDERSTAND THESE ANSWERS WILL BE USED TO INDEPENDENTLY ASSESS MY OVERALL ATTITUDE TO RISK AND WILL BE REFLECTED IN ANY RECOMMENDATIONS.

NAME		NAME	
SIGNATURE		SIGNATURE	
DATE		DATE	

ADVISER'S SIGNATURE		DATE	
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Additional Notes

Compliance

Date of completion of core company data	
Date Client Agreement issued	
Category of client	
Client has said “no” to mailers	Yes / No

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Amended: 22 November 2010