

## INITIAL ENQUIRY FORM

The information given on this form will be kept confidential whether or not you choose to become a client of Austen Birkett Financial Planning Ltd. Please complete as much as possible.

The purpose of this form is to reduce the amount of time information gathering at the initial meeting.

Date:

Your Details				
	Self		Partner	
Title / Sex		M / F		M / F
Forename(s)				
Surname				
Known as				

### Independent Financial Advisers

Austen Birkett Financial Planning 49 Stoney Street The Lace Market Nottingham NG1 1LX

T 0115 959 7979 F 0115 989 5401 E [advice@abfp.co.uk](mailto:advice@abfp.co.uk) W [www.abfp.co.uk](http://www.abfp.co.uk)

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<b>Your Details</b>				
		<b>Self</b>		<b>Partner</b>
Date of Birth				
Marital Status				
Home Address (Complete 'Partner' details if different)				
Time at current address in years & months (If less than 3 years, detail all previous addresses for the last 3 years in Notes section)				
Home Telephone Number				
Mobile Number				
E-mail address				
Preferred method of contact				
Do you foresee any changes to your personal circumstances? (If 'Yes', give details in Notes section)		Yes / No		Yes / No
Are you in good health?		Yes / No		Yes / No
Do you have any medical conditions? (If 'Yes', give details in Notes section)		Yes / No		Yes / No
Have you smoked in the last 12 months?		Yes / No		Yes / No
Employment Status		Employed/Self-Employed/Retired/Other		Employed/Self-Employed/Retired/Other
National Ins No. / UK Resident		Yes/No		Yes/No
At what age do you intend to retire?				
Do you have any religious beliefs that would affect financial planning? (If 'Yes', give details in Notes section)		Yes / No		Yes / No
Will you live abroad?		Yes / No		Yes / No
<b>Children and other Dependants (Partner / Grandchildren / Elderly dependants etc.)</b>				
Do either of you have any dependants?				Yes / No
	<b>Name of Dependant</b>	<b>Date of Birth</b>	<b>Relationship</b>	<b>Financially dependent on self or partner?</b>
1				
2				
3				

If more than three dependants, please write their details in the following Notes section

## Notes

If any further information was requested previously, please detail it in this section. You can also write additional comments in this section if you wish.