

Client Information Form - Page 1 of 4

Please write over the text in the boxes

Reference Number (if applicable)

First Person

Second Person

Your name

National Insurance no.

Previous name

Date of birth

Phone number

Email Address

Children

Smoker

 yes no

 yes no

Nationality

Permanent right to reside in the uk

 yes no

 yes no

Visa

Current employment

 permanent self employed
 contract other

 permanent self employed
 contract other

Probation

 Until No

 Until No

Notes

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Please write over the text in the boxes

	First Person	Second Person
Outstanding credit 1	<input type="checkbox"/> loan <input type="checkbox"/> hp <input type="checkbox"/> credit card	<input type="checkbox"/> loan <input type="checkbox"/> hp <input type="checkbox"/> credit card
	lender	lender
	outstanding balance	outstanding balance
	monthly payment	monthly payment
Outstanding credit 2	<input type="checkbox"/> loan <input type="checkbox"/> hp <input type="checkbox"/> credit card	<input type="checkbox"/> loan <input type="checkbox"/> hp <input type="checkbox"/> credit card
	lender	lender
	outstanding balance	outstanding balance
	monthly payment	monthly payment

Still more outstanding credit? Please provide additional info on a separate sheet.

	First Person	Second Person
Current account details	bank name	bank name
	sort code	sort code
	account number	account number
	no of years held	no of years held
	agreed overdraft limit	agreed overdraft limit

	First Person	Second Person
Accountant / Solicitor	name	name
	telephnone number	telephnone number
	fax number	fax number
	email	email

Budget Planner

BUDGET PLANNER INFORMATION	MONTHLY AMOUNT £
COUNCIL TAX	guide - £90 for single - £120 for more
GAS - ELECTRICITY - WATER	guide - £60 single - £80 couple - £100 family of 4
MOBILE PHONE	
TRAVEL TO WORK	petrol - fares - etc
INSURANCE	car - home
SKY - CABLE - INTERNET - HOME PHONE	
TV LICENCE	guide - £12 monthly
MEDICAL/LIFE ETC	
SHOPPING	household - food - toiletries
OTHER FIXED COMMITMENTS	gym memberships - etc
SAVINGS	

Client Declaration

	First Person	Second Person
I/we confirm that the above information is correct to the best of my/our knowledge		
Signed		
Dated		

What is your passion?

What keeps you awake at night?

What do you want or what is it you don't want?