

Please complete this Corporate Fact Find in as much detail as you are able. It is designed to give us as much relevant information as possible about your organisation's overall financial and tax situation without involving you in unnecessary work. We will then be in a position to make appropriate recommendations to your organisation.

We would like to emphasise that you are under no obligation whatsoever to provide any particular item of information but the more accurately that this form is completed the more effective our recommendations are going to be. We are, in any case, bound by our regulator, the Financial Services Authority (FSA), to obtain as much information as we reasonably can before giving your organisation advice. **Where you would prefer not to give information in any section please write 'not disclosed' across that section and do not cross out the second part of the declaration at the end.**

This information will be treated confidentially and will only be used for advising you and your organisation on financial planning matters and for no other purpose. Where you accept our recommendations, the information will form part of our confidential client computer database and we are a registered user of such information under the Data Protection Act 1984.

A Business Details

Name of Organisation	
	Public Limited Company (PLC) / Limited Liability Company (LTD) / Partnership / Limited Liability Partnership (LLP) / Sole Trader (delete as appropriate)
Main Address	
Telephone Number	
Fax Number	
Email Address	
Website Address	www.

Name of Contact	
Nature of Business	
Date Established	
Subsidiary or Associated businesses	
Company Secretary	
Issued Share Capital	

B Directors or Partners

Name of Directors/Partners (delete one)					
Date of Birth					
Area of Involvement					
Expected Retirement Age					
Date Joined Company					
Remuneration					
Bonuses					
Share of the Business	%	%	%	%	%

C Directors or Partner Also a Key Person?

Key Person	Yes		No		Yes		No		Yes		No		Yes		No		Yes		No	
Sum Assured (if insured)	£				£				£				£							
Date Last Reviewed																				

D Other Key Persons (Non Directors/Non Partners)

Name																				
Date of birth																				
Area of involvement																				
Key Person Cover In Force?	Yes		No		Yes		No		Yes		No		Yes		No		Yes		No	
Sum Assured	£				£				£				£							
Date Last Reviewed																				

E Share Purchase/Partnership Protection

Is there a share purchase agreement?	Yes		No		Yes		No		Yes		No		Yes		No		Yes		No	
Any share purchase insurance?	Yes		No		Yes		No		Yes		No		Yes		No		Yes		No	
Sum Assured	£				£				£				£							
Date Last Reviewed																				

F Other (Major) Shareholder/Interested Parties

Name																				
Share of the business	%				%				%				%							
Is there a share purchase agreement?	Yes		No		Yes		No		Yes		No		Yes		No		Yes		No	
Any share purchase insurance?	Yes		No		Yes		No		Yes		No		Yes		No		Yes		No	
Sum Assured	£				£				£				£							
Date Last Reviewed																				

G Principal Assets

Premises																
Description (Factory, office, warehouse etc)																
Approximate Value	£				£				£							
Owner Occupied?	Yes		No		Yes		No		Yes		No		Yes		No	
Approx Remaining Mortgage	£				£				£							
Leased?	Yes		No		Yes		No		Yes		No		Yes		No	
Unexpired Term of Lease	years				years				years							
Date Last Reviewed																

Other Major Assets	Cash/Bank Deposits				Quoted Investments				Other			
Value	£				£				£			

H Brief Trading Summary (last 3 years)

Financial Years Ends On		Corporation Tax %		%				
	2003/04		2002/03		2001/02			
Number of Employees								
Turnover	£		£		£			
Gross Profit	£		£		£			
Net Profit After Tax	£		£		£			
If a Company, Was a Dividend Paid?	Yes		No		Yes		No	

What Plans Are There For Expansion?	
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I Value of Business

Approximate Current Value of the Business	£
Approximate Share Valuation (if applicable)	£
Date of Valuation	
Corporation Tax – District and Reference Number (if applicable)	

J Directors/Partners Loan Account

Are There Any Personal Loans From Directors / Shareholders / Partners?	Yes		No	
If Yes, Please Give Details Below				

Name					
Inception Date of Loan					
Amount of Loan	£	£	£	£	£
Repayment Period	years	years	years	years	years
What Arrangements Are There To Repay in the Event of the Individual's Death?					

K Commercial Loans

Does the Business Have Any Outstanding Loans?	Yes		No	
If Yes, Please Give Details Below				

	Banks	Mortgages	Overdrafts	Other
Inception Date of Loan				
Amount of Loan	£	£	£	£
Current Interest Rate	% pa	% pa	% pa	% pa
Repayment Period	years	years	years	years
Who is Guarantor?				
Repayment or Interest Only?				

Are There Any Other Loans Being Considered?	Yes		No	
If Yes, Please Give Details Below				
Please Give Any Other Relevant Information Below eg Life Policies to Cover Loans				

L Professional Advisers

	Name and Address	Contact	Telephone Number
Accountant			
Solicitor			
Banker			

M Pensions

Full Information is Not Required if Recommendations Are Not to Include Pension Products. Please Note that Full Details of Individual Circumstances Will Be Needed if a Group of Personal Pensions Are Proposed

Occupational Pension Scheme	Is the Scheme Self Administered?	Yes		No	
	Does the Scheme Offer AVCs?	Yes		No	

Company Sponsored Scheme						
Scheme Provider	Type (MP or DB)*	Contracted Out?	Start Date	Normal Retirement Date	No of Members	Total Annual Cost
					Directors	
					Non directors	£

Partnership Sponsored Scheme (for Employees)						
Scheme Provider	Type (MP or DB)*	Contracted Out?	Start Date	Normal Retirement Date	No of Members	Total Annual Cost
						£

* MP = Money Purchase, DB = Defined Benefit (also known as 'Final Salary')

Group of Personal Pensions With Employer Contributions					
Pensions Provider	Contracted Out?	Start Date	Selected Retirement Date	No of Personal Pensions	Total Annual Employer Contributions
					£

N Employee Benefits

Income Protection Insurance (also known as 'Permanent Health Insurance')					
Product Provider	Level of Benefits	Waiting (or Deferment) Period	No of Members	Review Date	Total Annual Premium
					£
Notes					

Private Medical Insurance					
Product Provider	Hospital Band	Does Cover Include Employee's Family?	No of Members	Review Date	Total Annual Premium
					£
Notes					

Group Life Insurance				
Product Provider	Level of Benefits	No of Members	Review Date	Total Annual Premium
				£
Notes				

O Investment Planning Objectives

How Much Capital Should Be Retained For Emergencies?	£			
How Much Capital Does The Business Have to Invest?	£			
How Much Excess Income Does The Business Have to Invest?	£			
How Long Will The Business Be Able to Invest For?	years			
Will the Business Require Access to the Invested Capital?	Yes		No	
Will the Business Require Income from the Invested Capital?	Yes		No	
Does the Business Want to Increase Net Investment Income?	Yes		No	
Will the Business Accept Income Volatility?	Yes		No	
Does the Business Want to Invest for Capital Growth?	Yes		No	
Will the Business Accept Capital Volatility?	Yes		No	
Notes				

P Attitude to Risk

How Would You Describe The Attitude to risk That The Owners of the Business Would Be Prepared to Take in Respect of Any Excess Income or Capital That We Invest For the Business?

	Excess Income (please tick below)	Capital (please tick below)
Very Cautious		
Very Cautious to Cautious		
Cautious		
Cautious to Moderate		
Moderate		
Moderate to Speculative		
Speculative		
Speculative to Very Speculative		
Very Speculative		
Ultra Speculative		

<p>Some Product Providers Now Offer the Ability to Invest All or Part of An Investment in Socially Responsible Funds, Which Take Account of Ethical or Environmental Issues.</p> <p>Is This Something That Might Be Important to The Business When Considering Investments?</p>	Possibly	
	Yes	
	No	

Q Further Information

If there is further information that you consider to be relevant to a proper assessment of your Business situation please include it here or attach a note to this form.

R Declaration

This declaration is to be signed by a **director, partner or sole proprietor** of the business whose details are given under Section A, on behalf of the business.

I confirm that the information I have provided on behalf of the business is to the best of my knowledge correct. I have provided this information on the understanding that it will be used to form the basis of any advice and recommendations made to the business and that we are not under any obligation to take up any recommendations made.

I understand that recommendations may be made which involve a regular financial commitment for the business or the investment of capital. Accordingly, I understand that we must be sure of our ability to meet that commitment having given consideration to all other expenditure, and the provision of any emergencies, which may require access to funds.

I confirm I have received a Business Card and Terms of Business letter. I understand that the Terms of Business letter should be read carefully.

ADDITIONAL DECLARATION (delete if not applicable)

I further declare that we did not wish to disclose certain information requested in this Fact Find and that we are aware that this may prevent Arch Financial Planning Limited from being able to identify areas where it might have been appropriate to make recommendations, or, which could have an affect on any recommendations made.

Note: Please understand that Arch Financial Planning Limited reserves the right to decline to give advice in some cases if full information is not provided.

Signature (Director / Partner / Sole Proprietor)		Date	
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S For Arch Financial Planning Limited Office Use Only

Arch Adviser dealing		Professional Introducer	
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WHEN COMPLETED, PLEASE RETURN THIS FORM TO:

Arch Financial Planning Limited
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