

**Private & Confidential**  
**CORPORATE FINANCIAL PROFILE**

Date: .....

Prepared For: .....

Address: .....

.....

.....

Postcode: .....

Home Tel: .....

Home E-Mail Address: .....

Work Tel: .....

Date of Appointment: .....

Adviser: .....

Last Update: .....

### **Directors or Partners**

Name of directors/partners (delete one)				
Date of birth				
Area of Involvement				
Expected retirement age				
Date joined company				
Remuneration				
Bonuses				
% age share of business				

### **Director or Partner also a Key Person?**

Key Person	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Sum Assured (if insured)			
Date last reviewed			

### **Other Key Persons (Non-directors/Non-partners)**

Name				
Date of Birth				
Area of Involvement				
Key Person insurance in force	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Sum Assured				
Date last reviewed				

### **Share Purchase/Partnership Protection**

Is there a share purchase agreement?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Any share purchase insurance?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Sum Insured				
Date last reviewed				

### **Notes**

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### **Other (Major) Shareholders/Interested Parties – SHARE PURCHASE**

Name				
& Share of the Business				
Is there a share purchase agreement?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Any share purchase insurance	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Sum insured				
Date last reviewed				

### **Business Details**

Name:	
Limited Liability company/partnership/sole trader (delete as appropriate)	

### **Address**

<b>Tel No.</b>
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Name of contact	
Nature of business	
Date established	
Subsidiary or Associated businesses	
Company secretary	
Issued share capital	

### **Principal Assets**

Premises			
Description (Factory, office, warehouse, etc)			
Total Value £		£	
Owner occupied	Yes <input type="checkbox"/> No <input type="checkbox"/>	Subject to mortgage	Yes <input type="checkbox"/> No <input type="checkbox"/>
Leased	Yes <input type="checkbox"/> No <input type="checkbox"/>	Unexpired term of lease years	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other major assets			

Value £

Cash/Bank deposits	Quoted Investments	Other
£	£	£

### **Briefing Trading Summary (last 3 years)**

Financial year ends on		Corporation Tax	%
	199	199	
No. of employees			
Turnover	£	£	£
Gross profit	£	£	£
Net profit after tax	£	£	£
If a company, was a dividend paid?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

What plans are there for expansion?

### **Value of Business**

Approximately, what is the current value of the business?	
What share valuation, if applicable	Date of valuation
Corporation Tax - number (if applicable)	District and reference

### **Directors/Partners Loan Account**

Are there any personal loans from directors/shareholders/Partners. If yes, please give details	Yes <input type="checkbox"/> No <input type="checkbox"/>
Director/Shareholder/Partners	

Inception Date    Amount £  Repayment period  Years

What arrangements are there to repay in the event of  's Death?

## **Commercial Loans**

Does the business have any outstanding loans? If yes, please give details	Yes <input type="checkbox"/> No <input type="checkbox"/>
<u>Details</u>	

	Banks	Mortgages	Overdrafts	Other
Inception Date				
Amount	£	£	£	£
Current Interest Rate				
Repayment Period (years)				
Who is guarantor?				
Repayment/interest only				

Are there any other loans being considered? If yes, please give details.	Yes <input type="checkbox"/> No <input type="checkbox"/>
<u>Details</u>	

<u>Other relevant information, e.g. Life Policies to cover loans?</u>
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	Name and Address	Contact
Accountant		
Solicitor		
Banker		

## Pensions

Occupational Pension Scheme		Self Administered			Yes <input type="checkbox"/> No <input type="checkbox"/>	
		AVC's			Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Company sponsored scheme</b>						
Scheme provider	Type	Contracted out	Start Date	NRD	Number of members	Total annual premium
					Directors _____	
					Non Directors _____	
<b>Partnership sponsored scheme (for employees)</b>						
					Employees _____	

- Type      MP = Money Purchase    DB = Defined Benefits

<b>Group of Personal Pensions with Employer Contributions</b>					
Pensions provider	Contracted in or out	Start Date	SRD	Number of Personal Pensions	Total annual Emp. Conts.

- May vary for individuals, full information not required if recommendations do not include pension products. Please note full details of individual circumstances will be needed if a group of personal pensions are proposed.

Notes

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## **Employee Benefits**

<b>Permanent Health Insurance</b>					
Provider	Level of benefits	Deferment period	Number of Members	Review date	Total annual Premium

<u>Notes</u>
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<b>Group Life Assurance</b>				
Provider	Level(s) of Benefits	Number of members	Review date	Total annual Premium

<u>Notes</u>
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## **Planning Objectives – Investments**

How much capital should be retained for emergencies?	£	£
How much does the business have to invest?	£	£
Lump sum or regular contribution?	Single/Regular	Single/Regular
How long will the company want to invest for?	Yr.	Yr.
Will the Company require access to Capital	Yes/No	Yes/No
Will the Company invest for income?	Yes/No	Yes/No
Will the Company accept income volatility?	Yes/No	Yes/No
Does the Company want to invest for Capital Growth?	Yes/No	Yes/No
Will the Company accept capital volatility?	Yes/No	Yes/No
Does the Company want to save excess income?	Yes/No	Yes/No
Does the Company want to increase net income?	Yes/No	Yes/No
Do you want to invest a lump sum?	Yes/No	Yes/No

Lump Sum/Regular Saving Notes

## **Attitude to Financial risks Investment**

	Self	Partner
Very careful	<input type="checkbox"/>	<input type="checkbox"/>
Cautious	<input type="checkbox"/>	<input type="checkbox"/>
Moderate	<input type="checkbox"/>	<input type="checkbox"/>
Prepared to take risks	<input type="checkbox"/>	<input type="checkbox"/>
Speculative	<input type="checkbox"/>	<input type="checkbox"/>

Do you believe you should invest in Environment or "Ethical" funds? Yes  No

**Priorities** Please prioritise on a scale of 1-5 (1=high priority, 5=no priority). Advice will be offered in all areas with a 1, 2 or 3 priority

Medical Healthcare	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>
Commercial Finance	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>
Critical Illness	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>
Protection	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>
Retirement Planning	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>
Investment Single	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>
Investment Regular	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>
Income Replacement	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>

If you indicated a priority above as a 1, 2 or 3, please give indication of £xx amounts required and the time scale, together with any relevant information.

Notes

Client's Objectives

**Investment Risk**

Are you a:	Professional investor?		
	Business investor?		
	Ordinary investor?		
	Experienced investor?		

**Client Declaration**

I confirm that the information I have provided is to the best of my knowledge correct. I have provided this information understanding that it is used to form the basis of any advice and recommendations made to me and that I am not under any obligation to take up any recommendations made.

I understand that recommendations may be made which involve a regular financial commitment or the investment of capital. Accordingly, I understand that I must be sure of my 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 CLIENT DECLARATION (delete if not applicable)

I further declare that I did not wish to disclose certain personal/financial information and I am aware that this may prevent my Adviser from being able to identify areas where it might have been appropriate to made recommendations, or, which could have an affect on any recommendations made.

NB Please understand that we reserve the right to decline to give advice if full information is not provided.

We will be storing the information from this on computer, the purpose being to enable accurate advice to be offered to you. We may wish to write to you informing you of products or services available.

However, if you do not wish to benefit from this service, please tick the box.

<u>Signed</u>	<u>Client</u>	<u>Partner/Co Director</u>	<u>Consultant</u>
<u>Date</u>			