

Corporate Fact Find



Registered Business Address

Address

City / Town

--	--	--

Postcode

--	--	--

Country

--	--	--	--

Contact Details

Description	Value	Default

Your Current Professional Service Providers

Type	Name	Contact Number	Address

Sole Trader Details

Name of Sole Trader

Address

City / Town

Postcode

Country

Smoker?

YES

☐

NO

☐

DOB

Are there family members who are involved or may be involved with the business?

Family member name

Family member relationship

Family member duties

Are there any plans to become a partnership or incorporate?

Notes

Partners

Name	Address	Country	Smoker?	Date of Birth	% Interest
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Partnership Details

Is there a written partnership agreement? (if Yes, please provide a copy)

Is there an existing agreement for purchase of the Partners shares?

If yes which type?

Are there any plans to incorporate?

Notes

Shareholders

Shareholder Name	Shareholder Role	Date of Birth	Smoker?	Date Joined Company	Current Value	% Interest	Salary - Current Year	Salary - Last Year	Salary - Two Years Ago

TOTAL

Are there agreements for buying and selling of directors shares? YES ☐ NO ☐

If yes which type?

Does the Company have power within its Articles of Association to purchase its own shares? (if 'Yes', please provide details in the Notes section below)? YES ☐ NO ☐

Notes

Limited Company Details

Incorporation / Registration Number

Does the Company provide for the loss of profit following the death or the disablement of any Directors or Key Employees? YES ☐ NO ☐

Product Provider

Date cover effected

Are Premiums Renewable? (is so when)

Sum Assured

Term

Annual Cost

Disablement Cover

If 'No', are there any Directors or Key Employees who should be protected?

Key Employees

Name	Role and Duties	Date of Birth	Smoker?	Date Joined Company	Current Value	% Interest	Salary - Current Year	Salary - Last Year	Salary - Two Years Ago

TOTAL

Special Projects

Are there any special projects dependent on the Key Person's contribution? (if 'Yes', please provide details in the Notes section below) YES ☐ NO ☐

What are the future plans for the Company?

Date cover effected

Notes

Sole Trader Details

Date Established	
Financial Year End	
Approximate value of the business	
Is the value increasing?	
If yes at what rate (%)?	

Details

Year	Turnover	Gross Profit	Net Profit (before tax)	Tax Bill (if known)	Profit After Tax

Summary of Business Liabilities

Year	Turnover	Gross Profit	Net Profit (before tax)	Tax Bill (if known)

Liability Notes

Protection

Goals/Needs

--	--	--	--

Are the liabilities covered in the event of death or illness?

--	--	--	--

Protection Planning - Existing Provisions

Owner	Provider	Policy No	Type Of Contract	Expiry Date	Premium	Frequency	Benefit	Critical Illness Benefit	Deferred Period (if applicable)	Benefit Period (if applicable)	Assigned / In Trust

Corporate Protection Notes

Client declaration

I (the undersigned) have read and agreed with the Protectionhelp Privacy Notice document which explains why Protectionhelp collects our data, the type of data Protectionhelp collect and how Protectionhelp use it when providing services to us. I agree to be bound by the terms set out in these documents.

I confirm that the Protectionhelp Terms have been recieved by me.

I the undersigned confirm that the information provided in this document is correct and is given on the understanding that it does not place me or any corporate body I am representing any obligation to buy or take up any recommendation which may be made and that a copy of this form is available on request.

I the undersigned confirm our financial planning objectives are those identified and prioritised in this document.

I the undersigned authorise Protectionhelp to obtain quotations/details of existing life assurance/ protection policies and investments and make recommendations for our consideration.

Signed

Date



Protectionhelp
Lloyds House,
18-22 Lloyd Street,
Manchester,
M2 5WA

T: 0161 831 5533
E: enquiries@protectionhelp.co.uk

Protectionhelp is a trading style of Pensionhelp Limited, which is authorised and regulated by the Financial Conduct Authority.
Pensionhelp Limited is Registered in England and Wales: 9437056
Registered address: Lloyds House, 18-22 Lloyd Street, Manchester, M2 5WA