

Date:	Surname:	Adviser:
Date of Initial Factfind:		
Retail Client <input type="checkbox"/>	Professional Client <input type="checkbox"/>	

Customer Review - Short Factfind Update

The information requested in these pages is entirely confidential. It is both personal and financial information which is essential in assisting your adviser in offering you the best available advice as required by the Financial Services and Markets Act 2000. Periodically, your adviser may have to confirm that the information is still current. It may not be necessary for you to complete all sections of the form, however, in general terms, the more information you provide, the better the advice you'll receive.

The content of this report is to be read in conjunction with the earlier factfind as dated above

•Section 1: Reason for Review:

•Section 2: Changes in Personal Details – Please insert personal changes at this section, for example, new address, occupation, employment status, family additions etc – if no changes, state ‘no changes’.

•Section 3: Changes in Income/Expenditure Details – If no changes, state ‘no changes’

Self:

Partner:

NET EFFECT:

•Section 4: Risk Profile:

Your previous factfind measured your risk level as:

Do you agree this is still the same? Yes/No

If No, please discuss then tick as follows:

Notes on Risk by product if relevant:

(X)

Guaranteed	0/1 out of 10	<input type="checkbox"/>
Low/Cautious	2/3 out of 10	<input type="checkbox"/>
Medium/Balanced	4/5 out of 10	<input type="checkbox"/>
High/Adventurous	6/7 out of 10	<input type="checkbox"/>
Highly Speculative	>8 out of 10	<input type="checkbox"/>
Capacity for loss – Changed/unchanged (*delete/comment)		

<p>•Section 5: Any Further Information which may be relevant</p>
<p>•Section 6: Summary & Required Actions</p>

IMPORTANT NOTE:

If you have not filled in this form yourself, please read the information which has been completed on your behalf before signing the form. Any advice given may be affected if the information provided on the form proves to be incorrect. Depending on the complexity of the advice required you may need to provide additional information.

Declaration:

This information provided is correct to the best of my/our knowledge and has been provided on the understanding that it will be used in the strictest confidence, and that it places me/us under no obligation to take up any recommendation or suggestion. I/We have received a business card, Client Agreement Letter including Combined Initial Disclosure Document, and About the Cost of Our Services documents.

Signature Self :

Signature Partner:

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Date:

Date: