



BUSINESS PARTNER QUESTIONNAIRE

PART 1 – ABOUT YOU

Company Name:

Contact Name(s):

Address:

Telephone:

Main contact email:

Known Staff Contacts:	Name:	Email Address:
	<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"/>

PART 2 – FCA DETAILS

FCA Reference:

Directly Authorised/Appointed Representation of FCA Register Ref:

FCA Regulator Individual(s)	FCA Individual Reference	FCA Controlled Functions	Statement of Professional Standing Attached		Authorised Principal Company Signatory	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No



Trading Styles of
Principal Company:

PART 3 – WEBSITE AND COMPANY DETAILS

Website URL:

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Companies House
Number:

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25%+ Share holders	% holding	Directors	Authorised Signatory
			<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"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

PI Insurance Company	Commencement date of policy	Term of Policy	Date of Expiry

Please provide a brief summary of the products, investments your PI cover allows you to deal with:

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Principal Company (if applicable)

Website URL:

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Companies House
Number:

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25%+ Share holders	% holding	Directors	Authorised Signatory
			<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"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

PART 4 – CLIENTS AND BUSINESS MODEL

Investment Name/ Platform	Investment Provider/ Investment Manager	Commission/fee taken from Investment				Accepted?		
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	Initial	£ <input style="width: 50px;" type="text"/>	Annual	£ <input style="width: 50px;" type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Pending
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	Initial	£ <input style="width: 50px;" type="text"/>	Annual	£ <input style="width: 50px;" type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Pending
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	Initial	£ <input style="width: 50px;" type="text"/>	Annual	£ <input style="width: 50px;" type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Pending
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	Initial	£ <input style="width: 50px;" type="text"/>	Annual	£ <input style="width: 50px;" type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Pending
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	Initial	£ <input style="width: 50px;" type="text"/>	Annual	£ <input style="width: 50px;" type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Pending

Type of Client

Retail
 Pre se Professional
 Elective Professional
 Other, Please state:

Please note that any clients looking to invest in leveraged products must certify as SI/HNW/EPC/PC

Please provide a brief description of your client certification process:

Please provide details of the client advice process:

Do you receive client Recommendations/Referrals from third parties? Yes No

If Yes, who?

Third Party Company Name	FCA regulated, if yes please provide FCA reference	3rd party Commission/fee payment from client fund, if yes please state amount.	
<input style="width: 100%; height: 20px;" type="text"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes: <input style="width: 50px;" type="text"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes: £ <input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/> %
<input style="width: 100%; height: 20px;" type="text"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes: <input style="width: 50px;" type="text"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes: £ <input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/> %
<input style="width: 100%; height: 20px;" type="text"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes: <input style="width: 50px;" type="text"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes: £ <input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/> %

If No, please provide details of where your client base comes from:

Please note that Hartley Pensions will not deal with unregulated third parties on our clients SIPPs and must hold a suitable letter of authority to release details to a regulated company other than the appointed IFA/Investment Manager.



PART 5 – CHECKLIST

Introducer Declaration Form duly signed by an Authorised Signatory of Principal Company

Statement(s) of Professional Standing for ALL regulated advisers

List of authorised signatories

PART 6 – DECLARATION

We confirm the above information is correct and we will notify Hartley Pensions Limited of any future changes.

Signed:

Print name

Duly authorised for
and on behalf of

Date

Please return completed form to:

Hartley Pensions Ltd, 5th Floor, 25 Marsh Street, Bristol, BS1 4AQ. Authorised and regulated by the Financial Conduct Authority 735936 and registered in England and Wales 09469576. T:0117 316 9991 E: admin@hartleysas.co.uk W: www.hartleypensions.com

