



Corporate Fact Find

For use by Companies or Partnerships



The power of.....

Intelligent

Financial

Solutions

we advise...and we care

SECTION 1. COMPANY DETAILS

Company Name:	
Key Contact	
Title or Function:	
Company Registered Number:	
Company Registered Address:	
Address for Correspondence if different	
Company Tax Number:	
Is the Company Vat Registered?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Vat Number:	
Number of Employees:	

SECTION 2. List of Directors & Company Secretary

Name	DOB	Director/Secretary	Address:

(Please use a separate sheet if necessary)

SECTION 3. Ownership/Shareholder details

Name	DOB	% of shareholding	Address:

(Please use a separate sheet if necessary)

SECTION 4. Full Personal Details of 2 Directors

DIRECTOR 1	
Address:	
Civil Status:	
DOB:	
Nationality:	
PPS No:	
Mobile No:	
Home No:	
Work No:	
Email	

DIRECTOR 2	
Address:	
Civil Status:	
DOB:	
Nationality:	
PPS No:	
Mobile No:	
Home No:	
Work No:	
Email	

SECTION 5. Purpose of Factfind

What areas are of particular interest at this time for the company?

(Sections 5 – 12 will provide the opportunity to give more details on particular areas of interest)

- | | | | | | |
|--------------------------------|--------------------------|--------------------|--------------------------|----------------------|--------------------------|
| Employee Benefits arrangements | <input type="checkbox"/> | Company Investment | <input type="checkbox"/> | key Person Cover | <input type="checkbox"/> |
| Business Partner Protection | <input type="checkbox"/> | Company Finance | <input type="checkbox"/> | Business Consultancy | <input type="checkbox"/> |
| Taxation/Accountancy service | <input type="checkbox"/> | | | | |

SECTION 6. Employee Benefits arrangements

Do you wish to review your Employee Benefits arrangements? Yes No

Have you existing Employee Benefits arrangements in place?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Renewal Date: __/__/__
If Yes, please give details				
List of Benefits:			Provider:	Benefit
Pension	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Death in Service	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Critical Illness Cover	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Income Protection	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Health Insurance	Yes <input type="checkbox"/>	No <input type="checkbox"/>		

SECTION 7. Company Investment

Do you wish to review your Company Investments? Yes No

Have you existing Company Investments in place	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, please give details		

SECTION 8. Key Person Cover

Do you wish to review your Key Person Cover? Yes No

Have you existing Key Person Cover	Yes <input type="checkbox"/> No <input type="checkbox"/>	
If "Yes", please give details		
Key Person Name:	Date of Birth	Level of Cover
If "No", please complete the following:		
Position		
Why is this person key to the business?		
What do they do?		
Is there a successor in place?		
What effect would their loss have on the business?		
What replacement costs would there be?		
Are there any director or partner loans in place?		

SECTION 9. Business Partner Protection

Do you wish to review your Business Partner Protection? Yes No

Have you existing Business Partner Protection	Yes <input type="checkbox"/> No <input type="checkbox"/>	
If "Yes", please give details		
What happens on death of Partner/Director?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Will the Spouse/Child join the business?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Does Shareholding pass on to the estate?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is there cover in place to purchase shares from the estate?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

SECTION 10. Company Finance

Do you wish to review your Company Finance? Yes No

If "Yes", please give details

If "Yes", please give details

SECTION 11. Business Consultancy

Would your company benefit from our Business Consultancy service? Yes No

Notes:

Notes:

SECTION 12. Taxation/Accountancy Service

Do you wish to review your Tax Planning Needs? Yes No

Last Return Year		
Date of Incorporation (Company)		

Previous Taxation Advisor/Accountant (if any):

--

Notes/Requirements:

--

SECTION 13. OTHER AREAS OF CONSIDERATION

Any other needs identified during the client meeting:

1.
2.
3.
4.

Recommendation to be prepared? Yes No
 Letter of Engagement to be prepared? Yes No
 Letter of Authority to be prepared? Yes No

General Outline of what recommendation will deal with:

	Action Plan Required	Responsibilities	Completion Date
1.			
2.			
3.			
4.			
5.			

New Corporate Client Checklist:

Memorandums and Articles of Association	<input type="checkbox"/>
Current Photo ID for Director 1 (Dated within last 3 months)	<input type="checkbox"/>
Current Photo ID for Director 2 (Dated within last 3 months)	<input type="checkbox"/>
Current Utility Bill for Director 1 (Dated within last 3 months)	<input type="checkbox"/>
Current Utility Bill for Director 2 (Dated within last 3 months)	<input type="checkbox"/>
Terms of Business Letter signed and dated by Directors 1 & 2	<input type="checkbox"/>
Letter of Authority Signed and dated by Directors 1 & 2	<input type="checkbox"/>
Checklist completed – verified by Client Exec: _____	

Next Review Date:

It is recommended that an annual review take place to ensure that all of your needs are monitored for changing circumstances.

When would suit you for a future review?

--

Notes:

SECTION 14. DATA CONSENT AND COMMUNICATION WITH YOU

Here at HC Financial, we take your data protection seriously and will only use your data as discussed with you in our privacy statement.

However, It is recommended that an annual review take place to ensure that all of your needs are monitored for changing circumstances.

Also, from time to time we may wish to contact you in relation to the services we provide.

Agreed methods of contact

- Email
- Phone
- SMS
- Post
- Fax
- Please do not contact me

Client 1. Signature Date.....

Client 2. Signature Date.....

Are there any particular products/services or areas of interest that you would like to hear about from us on a regular basis?

- Employee Benefits Arrangements Company Investment Key Person Cover
- Business Partner Protection Company Finance Business Consultancy
- Taxation/Accountancy Service

How did you hear about HC Financial Advisers?

SECTION 15. DECLARATION

I/we understand that any recommendation produced by HC will be based on the information disclosed in this document and that the actions agreed are to my/our satisfaction

Signed: _____ Signed: _____
 (Director/Partner) (Director/Partner)

Dated: _____ Dated: _____

Signed, Client Executive: _____

Dated: _____

SECTION 16. FACTFIND WAIVER

Please only complete this Section if you do not wish to discuss your personal and financial details with this application.

Required Product & Provider:

Product/Service Type: Employee Benefits <input type="checkbox"/> Company Investment <input type="checkbox"/> Key Person Cover <input type="checkbox"/> Business Partner Protection <input type="checkbox"/> Company Finance <input type="checkbox"/> Business Consultancy <input type="checkbox"/> Taxation/Accountancy Service <input type="checkbox"/>	
Specific Product/s being applied for:	
Product Provider:	

I/We confirm that I/we do not wish to discuss our personal and financial details in connection with this application. I understand that without providing these details it is not possible for HC Financial Advisers to ensure that this product is suitable for my needs. I wish to proceed with this product on an Execution Only basis and I understand that the responsibility for ensuring that this product is suitable for my needs rests with me.

I have received no advice from HC Financial Advisers in relation to this transaction and I wish for HC Financial Advisers to merely act as my agent in order to put this product in place.

Signed: _____ Signed: _____
 (Director/Partner) (Director/Partner)

Client Executive: _____ Date: _____

Note: If you do not provide HC Financial Advisers Limited with the information sought in this fact find, we may not be able to offer the product sought.

Notes:

For Office Use Only:
Company/Partnership Name:



Intelligent Financial Solutions

Registered Office: HC Financial Advisers Limited, Oranmore Business Park, Oranmore, Galway H91H003.
Director: Gerry Cuddy FCCA, **Secretary:** Martin Ridge FCCA. Registered in Ireland No: 61166. VAT NO: IE4508753R.
HC Financial Advisers Limited, trading as HC Financial is regulated by the Central Bank of Ireland.

Established 1988

we advise...

T: 091 788000
E: admin@hcgroup.ie
W: www.hcgroup.ie

