

OVERSEAS BUSINESS PARTNER QUESTIONNAIRE

PART 1 – ABOUT YOU

Company Name:

Contact Name(s):

Address:

Telephone:

Main contact email:

Known Staff Name: Email Address:

Contacts:

PART 2 – REGULATORY DETAILS

Regulatory Firm Reference:

Applicable Regulation(s) in Jurisdiction:

Provide a brief description of the regulated activities which you are authorised to undertake via the above regulatory status:

Trading Styles of
Principal Company:

PART 3 – WEBSITE AND COMPANY DETAILS

Website URL:

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Registered
Company Number:

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25%+ Shareholders	% 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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Registered
Company Number:

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25%+ Shareholders	% 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: 40px;" type="text"/> %	Annual	<input style="width: 40px;" 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: 40px;" type="text"/> %	Annual	<input style="width: 40px;" 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: 40px;" type="text"/> %	Annual	<input style="width: 40px;" 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: 40px;" type="text"/> %	Annual	<input style="width: 40px;" 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: 40px;" type="text"/> %	Annual	<input style="width: 40px;" type="text"/> %	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Pending

Type of Client

Retail
 Per 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	Regulated? If yes please provide relevant regulatory 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: 100px;" type="text"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes: £ <input style="width: 100px;" type="text"/>	<input style="width: 40px;" type="text"/> %
<input style="width: 100%; height: 20px;" type="text"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes: <input style="width: 100px;" type="text"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes: £ <input style="width: 100px;" type="text"/>	<input style="width: 40px;" type="text"/> %
<input style="width: 100%; height: 20px;" type="text"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes: <input style="width: 100px;" type="text"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes: £ <input style="width: 100px;" type="text"/>	<input style="width: 40px;" 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

List of authorised signatories

Certificate of Incorporation (or equivalent) evidencing registered company number

Certificate from appropriate regulatory body evidencing regulated activities

ID Documentation for any 25%+ shareholders

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 094695576. T:0117 316 9991 E: admin@hartleysas.co.uk W: www.hartleypensions.com

