

MAP LINK RSM

Date of Referral

Source of Referral

Name of Client/s

Date of Birth

Partner's name

Partner's Date of Birth

Employed YES NOMarital Status Married Partner Single Divorced**Addresses for the last 3 years**

Current Address

Time at Address

Dates From – to

Previous Address

Time at Address

Dates from – to

Occupation

Income

Are you a non-taxpayer/basic rate taxpayer
/Or higher rate taxpayer

Name and address of Employer

Anticipated Retirement Age

National Insurance Number

Do you smoke?

 YES NO

State of health: Good/bad/other (please state)

Names of dependents and ages

Is there a will in place?

 YES NO

If Yes, is a review required for Power of Attorney?

Contact Telephone Numbers

Email Address

Best time to call

Existing Client of Referrer?

(if No enter details of connection)

The Client is interested in finding out more about

Background Information

Is a regulated adviser required for this referral

 YES NO

Other Notes

Are you happy for MapLink to market
other products or services to this client
– full commission paid YES NO