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**Roberts  
Clark** Independent Financial  
Solutions Limited

## ***Introducer Instructions & Due Diligence Details***

We are sure you can appreciate that for you to complete our client fact-find information, to then introduce your client to us and for us to then advise on the basis of that information, we have to verify your experience.

If you have the necessary experience and/or qualifications this will enable us to pay you our **Enhanced Rate** commission/fee share if you wish to complete our fact-find questionnaire with the client and help them complete advisory/implementation paperwork after the advice is given.

**Please print off the next three pages, complete where necessary and return to us.**

### **Contents:**

- **Your Details and Your Instructions** - please print, complete, sign and return (*including documentary evidence if possible*).
- **Letter of Authority for FSA** - please print, complete, sign and return
- **Letter of Authority for Professional bodies** - please print, complete, sign and return
- **Post completed documents to:**  
**Roberts Clark IFS Limited**  
**Prosperity House**  
**Water Street**  
**Burntwood**  
**Staffordshire**  
**WS7 1AN**
- **If you have questions, telephone 01543 677444 or 020 8144 7620**

## Your Details and Your Instructions

Tell us about you and your requirements of us.

To ensure your Introducer Application is approved quickly, please enclose certified copy documents where possible. Relevant experience and/or qualifications will qualify you for **Enhanced Commission/Fee** share rates with us.

ABOUT YOU	Complete Details Below	Documentary Evidence Enclosed? (✓)
Your Full Name		<input type="checkbox"/> Yes <input type="checkbox"/> No
Trading/Firm Name		<input type="checkbox"/> Yes <input type="checkbox"/> No
Address		<input type="checkbox"/> Yes <input type="checkbox"/> No
Postcode		
Firm FSA Number - Past or Present <i>(if applicable)</i>		
Personal FSA Number - Past or Present <i>(if applicable)</i>		
Seeing 'Vulnerable Adults'	<b>Have you been 'Police' or CRB checked?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No When? ___ / ___ / 20__
Financial Services Qualifications		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Financial Services Experience:</b> <i>Basic details only to include number of years in industry and areas worked in.</i>		<i>Relevant experience and/or qualifications may qualify you for enhanced commission/fee share.</i>

### Advice Areas To Avoid: No Cross Selling Guarantee

In the course of us offering your clients advice, there may be matters that arise that you wish to handle yourself as you are authorized/qualified to do so or where you want us to refer the client back to you as you have other arrangements. (Please tick ✓ all boxes for areas that we should refer introduced clients back to you)

Please refer clients back to me for the following (✓)

- |   |   |
|---|---|
| <input type="checkbox"/> Pensions                               | <input type="checkbox"/> Home Insurance             |
| <input type="checkbox"/> Protection - Life and Income Insurance | <input type="checkbox"/> Commercial Insurance       |
| <input type="checkbox"/> Savings & Investments                  | <input type="checkbox"/> Income & Capital Gains Tax |
| <input type="checkbox"/> Care Fees Planning                     | <input type="checkbox"/> Inheritance Tax Planning   |
| <input type="checkbox"/> Equity Release                         | <input type="checkbox"/> Expatriate Services        |
| <input type="checkbox"/> Mortgages – UK                         | <input type="checkbox"/> Will Writing               |
| <input type="checkbox"/> Mortgages – Overseas                   | <input type="checkbox"/> Probate Services           |
| <input type="checkbox"/> School Fees Planning                   | <input type="checkbox"/> Powers of Attorney         |

Other (please advise)

\_\_\_\_\_

<i>Your Signature</i>	
<i>Print Name</i>	

<i>Authorised Firm Signatory (if applicable)</i>	
<i>Print Name</i>	

**Please complete, sign and return this page to:**

Roberts Clark IFS Limited, Prosperity House, Water Street, BURNTWOOD, WS7 1AN, United Kingdom.

# Letter of authority for FSA

To supply information to

Roberts Clark IFS Ltd / Advisers United.com

## Your Details

\* Your name(s)

\*Address

\*Town/City

\*County

\*Postcode


Insert Date:

\*Name of Company

Financial Services Authority

\*Address

\*Town/City

\*County

\*Postcode


Dear Sir

Authority to supply information to Roberts Clark IFS Limited

Please accept this letter as my/our authority to supply any information requested by Roberts Clark Independent Financial Solutions Limited with respect to the following FSA numbers:

<i>FSA Firm Number</i>	<i>Your Firm Name</i>
<i>Individual FSA Number</i>	<i>Your Full Name</i>

Yours faithfully

Your Signature


Print Name

Authorised Firm Signatory  
(if applicable)


Print Name

**Please complete, sign and return this page to:**

Roberts Clark IFS Limited, Prosperity House, Water Street, BURNTWOOD, WS7 1AN, United Kingdom.

# *Letter of authority for Professional Body*

*To supply information to*

*Roberts Clark IFS Ltd / Advisers United.com*

## *Your Details*

*\* Your name(s)*

*\*Address*

*\*Town/City*

*\*County*

*\*Postcode*


**Insert Date:**

## *Professional Body/Institute*

*\*Name of Institute*

*\*Address*

*\*Town/City*

*\*County*

*\*Postcode*


Dear Sir

Authority to supply information to Roberts Clark IFS Limited

Please accept this letter as my/our authority to supply any information requested by Roberts Clark Independent Financial Solutions Limited with respect to the following membership number(s):

<i>Professional Body Name</i>	<i>Membership Number</i>	<i>Full name of Member</i>

Yours faithfully

*Your Signature*

*Print Name*


*Authorised Firm Signatory (if applicable)*

*Print Name*


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