

Information Request

Full Name			
Male/Female		Full Address	
Date of Birth			
National Insurance Number			
Work Telephone			
Home Telephone		Postcode	
Mobile		Current Occupation	
Planned Retirement Age		How did you hear about us?	
Email			

Dear Sir/Madam,

I have instructed Beckford James to complete an independent review on my behalf. Please provide Beckford James with any information that they require until further notice. (At this stage please do not inform the existing adviser(s) of this request).

Please send the information within the next 7 days to:

Beckford James, 1 Queen Square, Bath, BA1 2HA.

Yours faithfully,

Signature:

Date:

Name, address & telephone number of existing provider	Type	Existing Policy Numbers	Type	Approx. Value

Data Protection

By completing the 'Information Request' form you agree that the information that Beckford James hold about you (including any sensitive personal data) can be held on computer and/or paper files. You agree that any information which you give us may be processed by us, and also disclosed by us to third parties (such as other group companies, any company that introduced you, our regulators and product providers) and held and processed by them, for purposes related to providing you with advice, maintaining your client records and processing your application, and may be disclosed to a third party upon the sale of all or part of our business to that third party.

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