

Johnston & Associates Limited

Please complete the form as fully as possible. Space is available on the last page for any additional information or notes.

1. Client Details

Surname	<input style="width: 95%;" type="text"/>	Forenames	<input style="width: 95%;" type="text"/>	
UK Address	<input style="width: 95%;" type="text"/>	National Insurance No.	<input style="width: 95%;" type="text"/>	
	<input style="width: 95%;" type="text"/>	Date of Birth	<input style="width: 25%;" type="text"/>	
	<input style="width: 95%;" type="text"/>		Day	Month
	Post Code :	<input style="width: 95%;" type="text"/>	Place of Birth	<input style="width: 95%;" type="text"/>
Tel. No. (Home)	<input style="width: 95%;" type="text"/>	Fax No. (Home)	<input style="width: 95%;" type="text"/>	
Tel. No. (Office)	<input style="width: 95%;" type="text"/>	Fax No. (Office)	<input style="width: 95%;" type="text"/>	
e-mail	<input style="width: 95%;" type="text"/>	Tel. No. (Mobile)	<input style="width: 95%;" type="text"/>	
Marital Status :	<input style="width: 95%;" type="text" value="Single / Married / Divorced / Widowed"/>			
Name of Spouse / Partner	<input style="width: 95%;" type="text"/>	National Insurance No.	<input style="width: 95%;" type="text"/>	
Date of Birth	<input style="width: 25%;" type="text"/>	Date of Marriage To Each Other (If Applicable)	<input style="width: 25%;" type="text"/>	
	Day		Month	Year
Name Of Children / Dependants	Dates of Birth			
<input style="width: 95%;" type="text"/>	M / F	<input style="width: 25%;" type="text"/>	<input style="width: 25%;" type="text"/>	
		Day	Month	Year
<input style="width: 95%;" type="text"/>	M / F	<input style="width: 25%;" type="text"/>	<input style="width: 25%;" type="text"/>	
		Day	Month	Year
<input style="width: 95%;" type="text"/>	M / F	<input style="width: 25%;" type="text"/>	<input style="width: 25%;" type="text"/>	
		Day	Month	Year

2. Employment

	Self	Spouse / Partner
Occupation	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Name Of Employer	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Address	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
	Post Code :	Post Code :
Employee / Pay No.	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Estimated Earnings For The Last Year	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

3. Self Employed / Sub Contractor

	Self Employed / Sub Contractor	Self Employed / Sub Contractor
Are You	<input style="width: 95%;" type="text" value="Self Employed / Sub Contractor"/>	<input style="width: 95%;" type="text" value="Self Employed / Sub Contractor"/>
Are You Under SC60 Scheme ?	<input style="width: 95%;" type="text" value="YES / NO"/>	<input style="width: 95%;" type="text" value="YES / NO"/>
Industry / Job Title - Business Name	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
How Long Have You Been Trading Under This Name ?	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Do You Pay National Insurance Class 2 ?	<input style="width: 95%;" type="text" value="YES / NO"/>	<input style="width: 95%;" type="text" value="YES / NO"/>
What Is Your Current Year End ?	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Employment (Continued)

	Self	Spouse / Partner
What Was The Last Year You Submitted A Return And Accounts To The Inland Revenue	<input type="text"/>	<input type="text"/>
Do You Intend To Earn An Income Under This Arrangement	<input type="text" value="Yes / No"/>	<input type="text" value="Yes / No"/>
Tax Office	<input type="text"/>	<input type="text"/>
Tax Reference No.	<input type="text"/>	<input type="text"/>

4. Part Time Employment

	Self	Spouse / Partner
Do You Have A Part Time Post ?	<input type="text" value="Yes / No"/>	<input type="text" value="Yes / No"/>
If Yes :		
Occupation	<input type="text"/>	<input type="text"/>
Name Of Employer	<input type="text"/>	<input type="text"/>
Tax Office	<input type="text"/>	<input type="text"/>
Tax Reference No.	<input type="text"/>	<input type="text"/>

5. UK Property

	Registered In Who's Name	Registered In Who's Name
Do You Own Property(ies) In The UK ?	<input type="text" value="Self / Partner / Jointly / N/A"/>	<input type="text" value="Self / Partner / Jointly / N/A"/>
Address	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
	Post Code :	Post Code :
Acquisition Date	<input type="text" value="Month"/> <input type="text" value="Year"/>	<input type="text" value="Month"/> <input type="text" value="Year"/>
Acquisition Value / Cost ?	£ <input type="text"/>	£ <input type="text"/>
Approximate Current Value ?	£ <input type="text"/>	£ <input type="text"/>
Is The Property :	Let / To Be Let / Not Applicable	Let / To Be Let / Not Applicable
Date Letting Commenced	<input type="text" value="Month"/> <input type="text" value="Year"/>	<input type="text" value="Month"/> <input type="text" value="Year"/>
Who Are The Letting Agents ?		
Name	<input type="text"/>	<input type="text"/>
Address	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
	Post Code :	Post Code :
What Is The Gross Rental Value?	£ <input type="text"/>	£ <input type="text"/>

UK Property (Continued)

Are The Letting Agents Deducting Tax From The Rent ?

Yes / No

Yes / No

Is The Property Furnished

Yes / No

Yes / No

Is The Property(ies) Mortgaged

Yes / No

Yes / No

If Yes : Amount Of Mortgage

£

Term

Years

£

Term

Years

£

Term

Years

£

Term

Years

Name Of Bank / Building Society

Branch Address

Post Code :

Post Code :

Mortgage A/C No's

If You Have Any More Property(ies) Please Provide Details In The Space Provided On The Last Page Or On An Additional Piece Of Paper

6. Pension Details

Self

Spouse / Partner

When Do You Expect To Retire ?

Will You Be Receiving A UK State Retirement Pension ?

Yes / No

Yes / No

At What Age ?

Are You A Member Of Or Do You Have A Frozen Benefit With

(1) A UK Company Pension Scheme ?
What Is The Expected Income On Retirement

Yes / No

Yes / No

£

£

£

£

(2) A UK Personal Pension Scheme ?
(Does This Include Waiver Or Life Assurance)

Yes / No

Yes / No

What Is The Expected Income On Retirement

Yes / No

Yes / No

£

£

£

£

Total Anticipated Pension Income

£

£

Total Monthly Premiums

£

£

7. Income Protection

Self

Spouse / Partner

Do You Have Any Long-Term Income Protection Insurance ?

Yes / No

Yes / No

(Sometimes Called Permanent Health Insurance)

8. Investments And Savings

Approximate Values

	Self	Income	Partner	Income	Joint	Income
Bank / Building Society Deposits						
Gilts						
Equities						
Insurance						
Unit Trusts						
Other (Please Specify)						

Current Income	Salary	£ <input type="text"/>	£ <input type="text"/>
	Pensions	£ <input type="text"/>	£ <input type="text"/>
		£ <input type="text"/>	£ <input type="text"/>

9. Life Assurance Policies

Policy Holder (Self / Spouse / Partner)	Company	Date Of Commencement	Premiums Payable P.A.	Type And Maturity Date	Estimated Maturity Proceeds

10. Wills

Have You Made A Will ?	Self Yes / No	Spouse / Partner Yes / No
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Do You Know Of Any Person Who May Be Interested In Our Services ?

Name	<input type="text"/>
Address	<input type="text"/>
	Telephone : <input type="text"/>

Please Give Details Of Any Other Information You Feel May Be Relevant :

Please Attach A Separate Piece Of Paper If Necessary