

**KNOWLEDGE OF YOU**

**CLIENT NAME:** \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_

Please use your Open Space account via HB Client's Portal to upload records securely. To create one, please contact a member of the admin team to assist you.

We need to annually update "our knowledge of you and your circumstances". Please provide answers to these questions below and copies of records if requested.



**About You**

<p><b>a) Cohabitation Status (married/civil partner/ partner/ divorced/ separated/ widowed/ single)</b>                  Name of spouse/partner                  Date of marriage/civil partnership                  Date of separation/divorce/loss of spouse</p>		
<p><b>b) Do you have any children (Y/N) ?</b>                  Names and dates of birth of children (inc. adopted children)</p> <p>Have your or any other children lived with you in the tax year?</p>	<p><b>Child's Name</b></p>	<p><b>Date of Birth</b></p>
<p><b>c) Please can you confirm you and your family's nationality</b></p>	<p><b>Name</b></p>	<p><b>Nationality</b></p>
<p><b>d) Are you a Home Owner (Y/N) ?</b></p> <p>Do you have a Mortgage?                  Mortgage Renewal Date                  Current approximate balance</p>		
<p><b>e) Do you own any other properties (including overseas properties)? Please list them below with their approximate values.</b></p> <p>1 _____                  2 _____                  3 _____                  4 _____                  5 _____</p>	<p><b>State if joint or sole ownership</b></p>	<p><b>Approx. Value</b></p>
<p><b>f) Do you have a Will?</b></p> <p>Date the Will was Made?                  Do you consider it to be Up-To-Date?</p>		

<p><b>g) Is a Lasting Power of Attorney in force?</b> Please provide details if applicable</p>	<p>.....</p> <p>.....</p> <p>.....</p>
<p><b>h) Scale and sources of past and future capital</b> Is your income solely from your employment / self-employment?</p> <p>Have you received income or capital from any other sources in the past, i.e. inheritance, etc ?</p> <p>Do you anticipate receiving income or capital from any other source in the near future? Please provide details</p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
<p><b>i) Are you connected to, or have an interest in, any other businesses?</b> Please provide applicable details</p>	<p>.....</p> <p>.....</p> <p>.....</p>
<p><b>j) Do you have any connections with anyone or any companies abroad?</b> If yes, please provide details</p>	<p>.....</p> <p>.....</p> <p>.....</p>
<p><b>k) Have you ever been declared bankrupt?</b> If yes, please provide details</p>	<p>.....</p> <p>.....</p> <p>.....</p>
<p><b>l) Have you ever been disqualified as a Director?</b> If yes, please provide details</p>	<p>.....</p> <p>.....</p> <p>.....</p>

*OUR 'KNOWLEDGE OF YOU' FORM WILL BE ONLY USED BY HONEY BARRETT TO PROVIDE YOU WITH RELEVANT SERVICE AND ADVICE WHERE APPROPRIATE. NO DETAILS WILL BE SHARED WITH ANY OTHER PARTIES AT ANY TIME. YOU HAVE THE RIGHT NOT TO PROVIDE THE DETAILS OR REQUEST THAT WE REMOVE THEM FROM OUR SYSTEMS AT ANY TIME.*

**Websites:**  
[www.honeybarrettmedical.co.uk](http://www.honeybarrettmedical.co.uk)  
[www.honeybarrett.co.uk](http://www.honeybarrett.co.uk)

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**Eastbourne 01323 412277**  
**Wadhurst 01892 784321**

