Client Consent

This is our client agreement upon which we intend to rely. For your own benefit and protection you should read these terms carefully before signing them. If you do not understand any point please ask for further information.

I/We understand and consent to the terms of this client agreement and I/We hereby authorise the transfer of information, as described above, on a confidential basis when warranted between such third parties.

I/We authorise you to liaise with My/Our other professional advisers in exchanging relevant personal information pertinent to my/our financial planning requirements and to rely on any such information provided.

This relates to the Client Agreement Version, Document: CP1115 which appears on the front cover of the document.

I/We agree that this Client Agreement will come into effect from the date below.

☐ Please tick this box if you do not wish for us or any company associated with us to contact you for marketing purposes by e-mail, telephone, post or SMS.

Client Name (1):	
Client Signature (1):	
Date:	
Client Name (2):	
Client Signature (2):	
Date:	

Signed for and on behalf of the firm:

Adviser Name:	
Adviser Signature:	
Date:	

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