NEW BUSINESS FORM (NBF)

Client No:

Existing
New

Submitted Date (dd/mm/yyyy) | Start Date (dd/mm/yyyy) | NB No. x3

Adviser 1 : | CRM : | Split :

CRM : Cold / Warm | PPI Marketing : | Referral : (No CRM used) | Referral : (CRM used) | Existing Client :

Client 1 Full Name : | Sex :

Client 2 Full Name : | Sex :

Scheme Owner : (if different to above) | Sex :

(First) (Middle) (Last)

Provider Name : | Product Name :

| NB | TOP UP | SWITCH | *(circle)* Policy Number :

| ROLLOVER | RENEWAL |

CORE REGULAR PREMIUM

Amount | Frequency | Base Currency | Term | Commission Calculation USD

CORE LUMP SUM

Amount | Base Currency | Commission Calculation USD

FUNDS WITHIN A BOND/ PLATFORM

NO	Fund House	Fund Name	Amount Invested	Base Currency	Commission Calculation (USD)	
					Initial	Recurrent
1						
2						
3						
4						
5						
Other Recurrent						

SIC REGULAR PREMIUM

Amount | Frequency | Base Currency | Term | Commission Calculation USD

SIC LUMP SUM

Amount | Base Currency | Commission Calculation USD

OTHERS

Type | Frequency | Base Currency | Term | Sum Assured | Commission Calculation USD

Commission before any sacrifice | **TOTAL COMMISSION:**

NEW BUSINESS FORM (NBF)

Client No:

Existing
New

STRATEGIC PORTFOLIOS, MODELS AND MATRICES CONFIRMATION

Discretionary Management

Institutional Discretionary Form: YES / NO

(tick one only)	Strategic Portfolio	Model	Matrix	Currency
Conservative				
Balanced				
Growth				
Alpha				
Balanced Equity Capital Accumulation Portfolio				
Equity Capital Accumulation Portfolio				

Investor Experiece Profile: *(tick one only)*

- Inexperienced ☐
- Experienced ☐
- Professional ☐

Agreed Risk Profile: *(tick one only)*

Strategic		Tactical	
Conservative	☐	Aggressive	☐
Balanced	☐	Pre Retirement	☐
Growth	☐	Post Retirement	☐
Alpha	☐	Income	☐

Portfolio Allocation Core ____ %

Portfolio Allocation Satellite ____ %

Financial Planner ____ **SIC Manager** ____ **Wealth Manager** ____

NEW BUSINESS FORM (NBF)

PPi

Client No:
Existing
New

ADVISER CHECK

1) Proposal Form	Y / N / NA
2) Regular Premium Questionnaire (10 year plus term)	Y / N / NA
3) Payment Method (CHQ, C.C, DD, T/T, Redemption) by client / by PPI	Y / N / NA
Expected Payment/ Remittance Date *(dd/mm/yyyy)* ______	
4) Verification of ID/ Passport Copy	Y / N / NA
5) Original/ Certified P.O.A	Y / N / NA
6) Signed Illustration	Y / N / NA
7) Anti-Money Laundering documented	Y / N / NA
8) Investor Risk Profile Questionnaire	Y / N / NA
9) Additional Risk Disclaimer	Y / N / NA
10) U.S.A. (Citizen disclaimer)	Y / N / NA
11) Commission Rebate Agreement	Y / N / NA
12) Internet Authority Form	Y / N / NA
13) SID Pack	Y / N / NA
14) Models & Matrices Confirmation	Y / N / NA

15) Others

______

______

______

New Clients:

a) Confidential Client Profile — Y / N

b) Date & Frequency Of Strategic Review — Date ______ ☐ 6 months ☐ 12 months

c) Suitability Report — Y / N

d) Client Agreement

Advisory	Y / N
Discretionary Management	Y / N
Professional Investor	Y / N
Execution Only	Y / N

Existing Clients:

a) Strategic Review — Y / N — Next S/R Date ______

b) Suitability Report — Y / N

c) Client Investment Transaction — Y / N

______

Adviser's Signature ______

ADMIN DEPT CHECK

1) Visual Check of Documents:	Done	Date	Remaks
i) Date Received from Adviser	Y / N		
ii) Paperwork Complete	Y / N		
If not complete, return to Adviser	Y / N		

Remarks O/s ______

Returned from Adviser:			
i) Paperwork Completed	Y / N		
ii) Returned to Adviser	Y / N		
iii) Passed to Compliance	Y / N		
iv) Received from Compliance	Y / N		

Admin Signature ______ Date ______

Name ______

NEW BUSINESS FORM (NBF)

Client No:	
Existing	
New	

Compliance New Business check	Action	Comments If the answer is N or N/A, please explain	Date *(dd/mm/yyyy)*
1) Date New Business received by Compliance Officer. *(dd/mm/yyyy)*			
2) **Confidential Client Profile / Strategic Review** enclosed a. Is it signed?	Y / N / NA Y / N		
3) All **Mandatory** Questions answered?	Y / N / NA		
4) Client's a. **Risk Profile** been documented b. **Experience** been documented c. **Needs** Identified and Prioritised d. **Desired Key Features** completed e. **Benchmark** evident f. **Base Currency** declared	 Y / N / NA Y / N / NA Y / N / NA Y / N / NA Y / N / NA Y / N / NA		
5) Products recommended in the Suitability Report: a. Appear **Most Suitable** for the client b. The same as those sold	 Y / N Y / N		
6) **Reasons Why** CLEARLY documented.	Y / N / NA		
7) Company **Fund Matrix / Models:** a. Recommended by Adviser b. Match the Clients Attitude to risk c. Same as Base Currency	 Y / N / NA Y / N / NA Y / N / NA		
8) **Product Authorised** by: a. Company b. Local Regulator	 Y / N Y / N		
9) **Authorised Adviser** giving advice: a. Insurance (Life / ILAS / General) b. Investment c. Large Premium	 Y / N / NA Y / N / NA Y / N / NA		
10) Outstanding matters satisfactorily **submitted**	Y / N / NA		

New Business Accepted	YES	NO
Comments:		

Compliance Officer's Name	Signature	Date *(dd/mm/yyyy)*