

Initial Enquiry Questionnaire



Before we can investigate your claim we will need the following information.

Your Full Name:

Current E-mail Address: *Please tick here if you would not like to receive e-mails from the FSCS*

Your Address:

Contact Telephone Number:

Question 1:

What type of investment/policy does your claim relate to?

Please provide the name of the product you are claiming about, for example: *Payment Protection Insurance, Motor Insurance, Investment Bond, Shares, Personal Pension Transfer, SERPS, Life Assurance, SIPPS*

Question 2:

Please provide details of the firm you are claiming against

Please make sure you have given the advising firm and not the product provider.

You can check the address and FSA/SIB reference number of the firm on the FSA register which can be found at www.fsa.gov.uk/register/home.do alternatively you can contact your product provider to confirm this.

Firm name (in full):

Address:

Six-digit FSA/SIB reference number:

Question 3:

What was the date the advice was given, alternatively when did the investment/policy commence?

Please look at the documents you received when your policy/investment commenced. If you do not have any documents please contact the product provider and ask them to confirm the date on which the product started.

Please Turn Over...

Question 4:

What type of claim are you making? *Please tick below (you may tick more than one box)*

- The firm has ceased trading
Please check the FSA register at www.fsa.gov.uk/register/home.do
- My **Investment** made a loss and the risk was not properly explained to me
Please provide details in the space below of the circumstances and copies of any correspondence to support your claim
- The money invested was never returned
Please provide details in the space below
- The details of the **Payment Protection Insurance** Policy were not properly explained to me
If you do think that the policy sold to you was not suitable for your needs, please give your reasons below
- The **Insurance Premium(s)** were never paid to the insurance provider
If the insurance premiums were not paid to a provider leaving the insurance policy invalid
- I believe the **Mortgage Advice** I received was **unsuitable**
Please provide details in the space below
- I was advised to **contract out** from the State Earnings Related Pension Scheme (**SERPS**)
Please provide details in the space below
- I was advised to **transfer** from my employers pension scheme to a **Personal Pension Scheme**
Please provide details in the space below
- I was advised **not to join** an employers pension scheme and to set up a **Personal Pension Scheme**
Please provide details in the space below
- I was advised to set up a **Personal Pension** which I now believe was **not suitable**
Please provide details in the space below
- Other**
Please give a brief description as to the reason for your claim in the space below

Please use this space to explain why you wish to make a claim to FSCS:

Please attach additional notes if necessary

Signature:

Date: