

# 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](http://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](http://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: