

Source of Wealth

Policy number

Source of wealth (please tick)	Information required	Details
<input type="checkbox"/> Savings from income	Amount of income per annum	<input type="text"/>
	Employer's name and address	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/> Employer paying premium	Employer's name and address	<input type="text"/> <input type="text"/> <input type="text"/>
	Reason for payment	<input type="text"/>
<input type="checkbox"/> Maturity or surrender of a policy	Policy provider's name	<input type="text"/>
	Policy number/reference	<input type="text"/>
	Date of maturity/surrender (DD/MM/YYYY)	<input type="text"/>
<input type="checkbox"/> Sale of shares or other investments	Description of shares/ units/ deposits	<input type="text"/>
	Name of seller	<input type="text"/>
	How long held	<input type="text"/>
	Sale amount	<input type="text"/>
<input type="checkbox"/> Sale of property	Sold property address	<input type="text"/> <input type="text"/>
	Date of sale (DD/MM/YYYY)	<input type="text"/>
	Total sale amount	<input type="text"/>

Inheritance

Name of deceased

Date of death (DD/MM/YYYY)

Relationship to applicant

Date inheritance received (DD/MM/YYYY)

Total amount

Solicitor's details

Gift

Date received (DD/MM/YYYY)

Total amount

Reason for gift

Relationship to applicant

Other

Please give details