

Request for Adhoc Fee Payment Form



PLEASE PRINT CLEARLY IN BLOCK CAPITALS AND COMPLETE ALL APPLICABLE SECTIONS OF THIS FORM.

Section 01 Client details

Your account number:

Title: First Name(s): Surname:

Portfolio number(s):

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	£ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	£ <input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	£ <input type="text"/>

Is the adhoc payment in relation to an account(s) on the 7IM Platform? ☐ Yes ☐ No

Please provide details on what the adhoc payment is in relation to:

Please provide details on how the adhoc payment is calculated:

Have any supplementary documents been enclosed? ☐ Yes ☐ No

We may contact you or your adviser if we require supplementary information in support of the fee payment.

Your signature(s) is required for the completion of this form

Your Signature:

Signed by (please PRINT name):

Date:

Second Signature (if joint account):

Signed by (please PRINT name):

Date: