

Vulnerability Questionnaire

Please fill out this form where you have identified that your client/customer is vulnerable.

Person making report

Name:	
Position:	
Company:	
Contact Tel No:	
Contact Email:	

Client/customer details

Surname/Family Name:			
First and middle names:			
Address:			
Nationality:		DOB:	

Details of the vulnerability

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Is the vulnerability permanent or temporary?

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Will the vulnerability result in the client/customer requiring independent legal advice (ila), or alternatively is there a power of attorney in place?

By completing this form you are confirming that in accordance with Data Protection legislation, you have your Client/Customer's explicit consent to record and share this special category data with Bluestone Mortgages Limited.

Get in touch if you need this document in Braille, large print or audio tape.

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