

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.

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