You can use this checklist to gather together the required information and documents before starting the HealthCheck as there is no ‘save & return’ option.

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| --- | --- | --- | --- | --- | --- |
| **SUPPORTING DOCUMENTS TO BE UPLOADED WITH YOUR QUESTIONNAIRE:** | | | | | |
| * **BANK LETTER** dated within the last 12 months confirming that all Client Money Accounts are ring-fenced and that the bank has no right to set off funds against any company, business or personal liabilities | |  | |
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| * **PROFESSIONAL INDEMNITY INSURANCE** – copy of schedule showing limit of ‘any one claim’ | |  | |
|  | |
| * **BANK STATEMENT / ONLINE BANKING SCREEN SHOT** – showing company name, sort code, account number and current balance for each Client Account held | |  | |
|  | |
| * **DEPOSIT SCHEME PROVIDER ACCOUNT DETAILS SCREENSHOT** – showing company details and membership number | |  | |
|  | |
| **INFORMATION THAT WILL BE REQUIRED:** | | | |
| * **Full names and D.O.B of all Principals, Directors & Partners** |  | |  | |
|  | | | | | |
| * **Details if any Principal, Partner or Director of the business has been struck off by Companies House, made bankrupt or been associated with any business that has been put into receivership or liquidation or has been wound up on the instruction of its creditors** |  | |  | |
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| * **Financial Year end date** |  | |  | |
|  | | | | | |
| * **VAT Number** (*if applicable*) |  | |  | |
|  | | | | | |
| * **Money Laundering Regulations (MLR):** Reg. no. + date of registration + Annual fee due date (*if applicable*) |  | |  | |
|  | | | | | |
| * **Data Protection** **ICO** registration number & expiry date (*if applicable*) |  | |  | |
|  | | | | | |
| * **Redress Scheme:**  Scheme name (TPO or the PRS), Registration number or Group |  | |  | |
|  | | | | | |
| * **Deposit Protection** **Scheme:** scheme name, type & membership no. |  | |  | |
|  | | | | | |
| * **Professional Indemnity Insurance:** provider + Insurance policy details (*if applicable*) |  | |  | |
|  | | | | | |
| * **Public Liability Insurance**: name of broker or underwriter + next renewal date (*if applicable*) |  | |  | |
|  | | | | | |
| * **Employers Liability** **Insurance**: name of broker or underwriter + next renewal date (*if applicable*) |  | |  | |
|  | | | | | |
| * **Client money bank account(s)** sort codes & account numbers of ALL client accounts |  | |  | |
|  | | | | | |
| * **Trade body membership:** list any held or applied for |  | |  | |
|  | | | | | |
| * **HMRC Non-resident Landlord** (NRL) number which starts with ‘NA’ (*if registered*) |  | |  | |

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