

## ADVISOR CHARGE CONSENT FORM

### ADVISOR DETAILS

Name:

Address:

Postcode:

Telephone:

E-mail:

FCA No:

### CLIENT / INVESTOR(S) DETAILS

Name / Portfolio Title:

Address:

Postcode:

Telephone:

E-mail:

### DETAILS OF ADVISOR CHARGE

#### Advisor Bank Details:

#### Category (please tick):

Advisor Fee  \_\_\_\_\_

Monthly  0.0416666% Lump Sum  (Please indicate) \_\_\_\_\_

Quarterly  0.125% Lump Sum  (Please indicate) \_\_\_\_\_

Six-Monthly  0.25% Lump Sum  (Please indicate) \_\_\_\_\_

Annually  0.5% Lump Sum  (Please indicate) \_\_\_\_\_

Charge to be taken from Investment Portfolio?  Yes  No

[www.albertesharp.com](http://www.albertesharp.com)

Albert E Sharp LLP is authorised and regulated by the Financial Conduct Authority

## ALBERT E SHARP – ADVISOR CHARGE CONSENT FORM

### CLIENT / INVESTOR DECLARATION

- (a) I/We have appointed the financial advisor shown on this form.
- (b) The financial advisor has explained their charges to my/our full satisfaction and I/we agree to the payment of the Advisor Charges as detailed in this form.
- (c) I/We agree for Albert E Sharp to facilitate the Advisor Charge detailed on this form to the Financial Advisor named on this form.
- (d) I/We understand that Albert E Sharp is simply facilitating the payment of the Advisor Charges to my/our financial advisor and any queries or complaints should be directed to the financial advisor.
- (e) I/We agree that all Advisor Charges become immediately due and payable on and from the date next to my/our signature.
- (f) I/We understand that this agreement will continue in full force and effect unless and until cancelled in writing by either the advisor or the client / investor(s).

**All Parties/Signatories must sign – signature must be original**

**Client Signature (1)**

Date \_\_\_\_\_

\_\_\_\_\_

Print full name \_\_\_\_\_

**Client Signature (2)**

Date \_\_\_\_\_

\_\_\_\_\_

Print full name \_\_\_\_\_

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# ALBERT E SHARP – ADVISOR CHARGE CONSENT FORM

## ADVISOR DECLARATION

- (a) I am duly authorised to bind the adviser firm to the terms of this Advisor Charging arrangement between the client / investor(s) and the firm and to make the declarations in this form on the firm's behalf.
- (b) I declare that the firm has fulfilled its regulatory responsibilities to the client / investor(s) and the firm agrees to be also bound by the terms agreed with the client / investor(s).
- (c) I confirm that the firm has explained to and advised the client / investor(s) concerning all implications regarding the facilitation of the Advisor Charging Facility.

**Advisor must sign – signatures must be original**

Advisor Signature

Date \_\_\_\_\_

\_\_\_\_\_

Print full name \_\_\_\_\_

Position in firm \_\_\_\_\_

Notes: