Application for Use of Non-Approved Product

|  |  |
| --- | --- |
| Date:  |  |
| Name of Advice Provider:  |  |
| Name of product:  |  |

Reason for application: (request of client, comparable to available products etc)

Has a request previously been made for the same product?

Is the product part of any of the research house’s approved list?

Approval given / declined (please circle) Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorised by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Name)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature)

Comments:

**Please attach all supporting documentation**