Application for Use of Non-Approved Product

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| --- | --- |
| 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**