

## APPLICATION DOCUMENT CHECKLIST

Applicants name(s).....

Documents returned -

Please tick

Client Questionnaire	
Letter of Authority – signed by client(s)	
Proof of Income	
Proof of ID	
Proof of Address	
Who are you dealing with? – signed by client(s)	

Advice provided

None – please contact client to discuss application	
Yes – I have not charged an advice fee	
Yes – I have charged the client an advice fee of	(value)

If advice provided have you

yes/no

Discussed with client about whether they will need to change their bank account	
Discussed fees charged by PTDS for service	
Discussed IVA and DMP options where applicable	

Please return the application to Personal Touch Debt Solutions  
 Fax: 0870 487 4905  
 Email: [info@personaltouchdebtsolutions.co.uk](mailto:info@personaltouchdebtsolutions.co.uk)  
 Post: PTDS, Trinity 3, Trinity Park, Solihull B37 7ES