



Krishna

FINZPLAN

Enriching Financial Lives

Contact us

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Nashik, Maharashtra, India

Client Data Gathering Form

Gratitude Words:	
Client Name:	
Spouse Name:	
Address :	
Contact Number :	
E-mail Address :	
Birth Date :	
Aadhaar Card No :	
PAN :	
Occupation :	
Citizenship :	
Marital Status :	
If previously married, reason for termination- Death or Divorced :	

Please provide copies of any marital settlement agreements.

Children Details (If any)

Full Name	Birth Date	Aadhaar Card No.
1)		
2)		
3)		
4)		
5)		

Guardianship of Minor Children:

If any of your children are minors, who would you want to be their guardians, if anything should ever happen to you?

1) Guardians :	
Relationship:	
2) Guardians:	
Relationship:	

Grand Children Details (If any)

Full Name	Birth Date	Aadhaar Card No.
1)		
2)		
3)		

4)		
5)		
Living Parent Name and Birth date (Father)-		
(Mother)-		
Son's Wife Name and Birth Date-		
Daughter's Husband Name and Birth Date-		

Present Estate Planning:

Who would you like to serve as Executor and Successor Executor of your estate?

1) Executor:			
Address:			
		State:	
Pincode:		Contact No. :	
2) Executor 2 :			
Address:			
City:		State:	
Pincode:		Contact No. :	

Expected Inheritances

Do you expect an Inheritance?	
if Yes, From Whom?	
Value :	

Personal Data

Location of Safety Locker:	
Name of Financial Planner/ Advisors:	
Name of your CA:	
Name of Life Insurance Agent:	

Bank Accounts

Bank Name	Type of Account (Savings, Current)	Account Number	Joint Holder
1)			
2)			
3)			

Real Estate

Type of Real Estate (Farm, Residence, etc.)	Real Estate Address or Location	Legal Title in who's Name	Fair Market Value	Area
1)				

2)				
3)				
4)				
5)				

Beneficiaries for the Above:

Financial Assets

Type of Asset	Value	Beneficiary (Whom to be Given)
1) Equity Shares		
2) Equity Mutual Funds		
3) Debt Mutual Funds		
4) Gold		
5) Silver		
6) Diamond		
7) EPF/ PPF/ NPS		
8) Bank Fixed Deposit		
9) Any other personal belongings		

Business Interest: Partnership, Proprietorship, LLP

Type of Interest	% of Ownership or No. of shares	Beneficiary	Capital as on today

Life Insurance

Company name	Beneficiary Name	Amount Covered	Maturity value

Loans

Financial Institution	Due date	Balance	Who will Repay in your absence

Name and Contact of your Witness			
Witness 1 Name:		Contact:	
Witness 2 Name:		Contact:	
ADDITIONAL INFORMATION:			
CHARITABLE BEQUESTS: Please mention any amount you want to donate to any organisation.			
SPECIFIC Family Trust : You can do for your wife, married daughter, any member or person nearer to you			
PLEASE LIST ANY FURTHER INFORMATION YOU WANT ME TO KNOW:			
<i>Please attach copies of: 1. Latest Income Tax Return 2. Property Papers 3. Insurance documents 4. Medical Certificate of yourself 5. Medical Certificate of the executor 6. 2 photographs of each Witness.</i>			
Signature:			
Date:			