FACT FIND

Client Name(s)

Date

Money Doctor

This **Fact Find** contains questions about your financial circumstances.

You will need to know the answers to these questions in order to get a true and complete financial picture so that you can receive appropriate recommendations and advice for your financial needs.

FINANCIAL PLANNING REVIEW

Confidential – for your eyes only

The purpose of this questionnaire is to clarify your financial needs and to assist you in ensuring the right financial products are being or have been taken out including life assurance, serious illness cover, pensions, savings and investments together with mortgage and other lending requirements. Knowledge is power and therefore before you start, you must know your exact circumstances to obtain the best financial direction.

Providence Finance Services Limited trading as **Money Doctor**

1. About You

	SELF	PARTNER
Name/s		
Address		
Monthly Rent		
Telephone		
Fax		
Email		
Date of birth	(DD/MM/YYYY)	(DD/MM/YYYY)
Smoker	Yes No	Yes No
Health status	Well Not Well	Well Not Well
Family health	Well Not Well	Well Not Well
Marital status		

2. About Your Family

Children's Names	Date of Birth (DD/MM/YYYY)	School / College	Educational Fees Plans

Other Dependents	Maintenance

3. About Your Employment/Income

EMPLOYEE	SELF		PARTNER	
Profession/Trade				
Position				
Employer				
Address				
Years of Service				
Gross Salary	€	Per Ann um	€	Per Annum
Gross Bonus	€	Per Annum	€	Per Annum
Gross Commission	€	Per Annum	€	Per Annum
Gross Overtime	€	Per Annum	€	Per Annum
Gross Other		Description		Description
	€	Per Annum	€	Per Annum
Gross Other		Description		Description
	€	Per Annum	€	Per Annum
Net Income	€	Per Wk/Mth	€	Per Wk/Mth

PERSONAL BANK ACCOUNT DETAILS

	SELF	PARTNER
Bank		
Address		

SELF EMPLOYED	SELF	PARTNER
Business Name		
Address		
Nature of Busines		
Date Established	(DD/MM/YYYY)	(DD/MM/YYYY)
Number of Employees		
Percentage of Ownership		
Job Title		
Turnover	€ Per Annum	€ Per Annum
Net Profit	€ Per Annum	€ Per Annum
Gross Salary	€ Per Annum	€ Per Annum
Gross Drawings	€ Per Annum	€ Per Annum
Gross Bonus	€ Per Annum	€ Per Annum
Gross Commission	€ Per Annum	€ Per Annum
Gross Other	Description € Per Annum	Description € Per Annum
Gross Other	Description € Per Annum	Description € Per Annum
Net Income	€ Per Wk/Mth	€ Per Wk/Mth
Last Tax Return	(DD/MM/YYYY)	(DD/MM/YYYY)
Last Accounts	(DD/MM/YYYY)	(DD/MM/YYYY)
Tax	Owed Due	Owed Due
VAT/PRSI	Owed Due	Owed Due

PERSONAL BANK ACCOUNT DETAILS

Bank		
Address		

4. Assets/Liabilities

PROPERTY (N.B. for more than 5 properties, please use Money Doctor Property Portfolio form)

Address	Current Value (€)	Borrowings (€)	Lender	Interest Rate (%)	Net Value (€)	Income (€)	Remaining Term
							yrs
							yrs
							yrs
							yrs
							yrs

BONDS/INVESTMENTS

Provider	Type	Current Value (€)	Premium (€)	Frequency	Reference No.

EQUITIES (N.B. for more than 5 shareholdings, please use Money Doctor form)

Share Name		Holding Value	
Share Name		Holding Value	
Share Name		Holding Value	
Share Name		Holding Value	
Share Name		Holding Value	

CASH

Institution	Balance (€)	Interest Rate (%)

OTHER ASSETS

Description	Institution	Interest Rate (%)	Value (€)	Balance	Income

CREDIT CARDS

Name of Provider	Name of Card	Current Balance (€)	Current Limit (€)

OTHER LIABILITIES (E.G. Car loan)

Description	Institution	Interest Rate (%)	Value (€)	Balance	Monthly Repayment

5. Insurances/Assurances

LIFE COVER

Company	Reference Number	Type of Cover	Covered (€)	Monthly (€)	Date of Policy	Term
						yrs
						yrs
						yrs
						yrs

HEALTH INSURANCE COVER (including serious illness cover / income protection)

Company	Reference Number	Type of Cover	Covered (€)	Monthly (€)	Date of Renewal

PENSIONS

Company	Reference Number	Monthly (€)	Current Value (€)	Maturity Value (€)	Start Date

PROPERTY INSURANCE

Company	Reference Number	Monthly (€)	Buildings (€)	Contents (€)	Renewal Date

OTHER (car insurance, other risk insurance)

Company	Reference Number	Type	Monthly (€)	Date of Renewal

6. Professional Advisors

	SOLICITOR	ACCOUNTANT
Name Of Firm		
Address Of Firm		
Name Of Contact		
Contact Number		

7. Will

Have you a will? ☐ Yes ☐ No

Location of Will

Executor/executrix

Solicitor

Witnessed by (2)

8. YOUR main priorities (1-10, with 10 being the highest priority)

Item	Priority	Item	Priority
Budgeting & debt management		Maximum mortgage for income available	
Overall long term financial plan & goals		Other property lending advice (e.g. over 65s)	
Saving		Unsecured loan advice	
Best deposits advice – security & rates		Life & health insurances	
Stock market & investment advice		Pensions, AVCs & self admin pension advice	
Alternative investments (gold, art, philately)		Inheritance planning	

9. YOUR Financial Objectives

IMMEDIATE

MEDIUM TERM

LONG TERM

MONEY DOCTOR
Independent Financial Advice

CONFIRMATION MUST BE GIVEN AT THE BOTTOM OF THIS PAGE BY THE CLIENT(S) AND ADVISER TO CONFIRM THE INFORMATION GIVEN IS CORRECT AND CONSENT IS GIVEN TO COMMUNICATE WITH AN OUTSIDE FINANCIAL PARTY

Information provided
- The clients agree that the information provided and detailed in the attached 'Fact Find' is a fair reflection of their current financial position.

Client's attitude to risk
- The client(s) agree that following a review of the completed fact find and discussions with the client(s) that the client(s) has the following attitude to risk: (mark as appropriate)

Data Protection Act
- I / we accept that the information that has been provided to Providence Finance Services Limited, Trading as Money Doctor may be retained by them, and used for the ongoing management of our business relationship.
- Where Money Doctor have been instructed to obtain on our behalf a financial product, appropriate parts of the information may be passed to a 3rd party supplier in support of the application / proposal.

Communications with a client.
As part of the process of fulfilling any requested product requirements Money Doctor trading as Providence Finance Services Limited may contact me / us at the email address, telephone number or postal address that I / we have provided. I / we understand that communications by email may not be totally secure / private.

On an ongoing basis Money Doctor may forward to me / us by email newsletters, information on financial products, services and investment opportunities which they view may be of interest to me / us.

Terms of Business
With this Fact Find, you will receive our Terms of Business booklet – a document setting the terms under which we will provide advice, service and financial products. Please read through and sign underneath as confirmation that you have received and understood our terms of business.

10. Confirmation

CLIENT CONFIRMATION

I confirm the information I have given is correct and give consent to my advisor communicating with an outside financial party.

	SELF	PARTNER
Tick to confirm	☐ Yes ☐ No	☐ Yes ☐ No
Name		
Date	(DD/MM/YYYY)	(DD/MM/YYYY)

ADVISOR DETAILS

Advisor Name ______ Date (DD/MM/YYYY)