



Confidential Client Factfind

Date	<input type="text"/>	Your Location	<input type="text"/>
First Name	<input type="text"/>	Employers Name	<input type="text"/>
Surname	<input type="text"/>	Employers Address <input type="text"/>	
Telephone Work	<input type="text"/>		
Telephone Mobile	<input type="text"/>		
Fax No (If App)	<input type="text"/>		
Email	<input type="text"/>	How did you hear of Parmafey?	<input type="text"/>
		Adviser's Name	<input type="text"/>

Notes

This Form is designed to provide your adviser with as much relevant information as possible about your financial situation. This information will help us ensure that our recommendations are in your best interests. The more information you are able to provide the better this process will be. Please use the "Notes" sections placed throughout the form and on the back page to add any additional information you feel is relevant?

This information will be treated in the strictest of confidence and will not be passed on to any third party.

Financial Objectives & Goals

Please use the drop dow questions below to help us ascertain your current priorities. Please select if a subject is of interest to you Now, or is something you would like to discuss in the future? If the subject is not of interest please choose "NOT RELEVANT " .

	You	Your Partner
Protection - Providing a cash lump sum or income in the event of:		
Medical Emergency or Accident	<input type="text"/>	<input type="text"/>
Critical Illness	<input type="text"/>	<input type="text"/>
Death (Life Cover)	<input type="text"/>	<input type="text"/>
Personal Retirement Planning		
Start Saving for my Retirement	<input type="text"/>	<input type="text"/>
Make Additional Retirement Planning	<input type="text"/>	<input type="text"/>
Review of Existing Retirement Schemes	<input type="text"/>	<input type="text"/>
Review Options Such as QROPS & SIPPS?	<input type="text"/>	<input type="text"/>
Investment Advice		
Review Existing Investment Accounts / Portfolios	<input type="text"/>	<input type="text"/>
Saving Regularly		
Start Saving Regularly	<input type="text"/>	<input type="text"/>
Make provision for future school fees/university funding	<input type="text"/>	<input type="text"/>
Lump Sum Investing		
Create and Manage an Investment Portfolio	<input type="text"/>	<input type="text"/>
Transfer an Existing Portfolio for Management	<input type="text"/>	<input type="text"/>
Mortgage		
Pay off a motgage in the event of Critical Illness or Death	<input type="text"/>	<input type="text"/>
Arrange a Mortgage, re-Mortgage or further Advance	<input type="text"/>	<input type="text"/>
Estate Planning		
Ensure my Estate is passed onto my Beneficiares efficiently	<input type="text"/>	<input type="text"/>

Personal Details

About You:

Title

First Name

Surname

Male Female

Date of Birth

Nationality

Residence

Telephone Work

Email

Preferred Contact Method Telephone Email

Marital Status

Employment Status

Occupation

Spouse/Partner:

Title

First Name

Surname

Male Female

Date of Birth

Nationality

Residence

Contact Number(s)

Email

Preferred Contact Method Telephone Email

Marital Status

Employment Status

Occupation

Children and other dependents

Name	Date of Birth	Relationship	Financially Dependent?
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Your Income Details

	You		Your Partner	
Gross Monthly Salary	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bonuses	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Commission	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Shares	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Other Income

Please use this section to provide details of any additional income that you receive from sources other than employment

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Monthly Outgoings

Mortgage/Rent	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Household Expenses	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Credit Cards/Loans	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Life/Health Insurance	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Pensions or Savings	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Miscellaneous	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Disposable Income	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If you expect your outgoings to change in the near future please give further details below.

Notes

Existing Wealth Protection (Inclusive of Employee Benefits)

Owner	Provider	Type	Start Date	Maturity Date	Sum Assured	Premium Frequency

Have you confirmed that your existing protection arrangements provide cover in your current country of residence?

Yes No

How much would be the minimum monthly income you would require if you were unable to work due to ill health?

Existing Retirement Provision

Owner(s)	Company or Private?	Plan Provider	Start Date	Maturity Date	Current Value	Ongoing Contributions

What is your target retirement age?

What is your target retirement income annually?

Existing Savings / Education Fee Plans

Owner(s)	Plan Provider	Type	Current Value	Ongoing Contributions	Maturity Date

Assets

Cash, Bank/ building society accounts, Bonds, and Fixed Interest

Owner(s)	Bank or Institution	Type	Interest Rate	Maturity Date	Current Value

Managed Investments, Shares, Trusts, Mixed Portfolio

Owner	Bank/Institution	Type	Initial Investment Amount	Number of Units	Current Value

Property

Description/Location	Owner(s)	Current Value	Mortgage	Term Outstanding	Net Rental Income

Notes

Liabilities

Description	Owner	Amount Outstanding	Interest Rate	Interest/Principle	Repayment Amount

Summary & Submit

	Lump Sum	Regular Contribution
How much are you looking to invest?		
How long are you prepared to invest your monies for?		
Would you like the ability to access these funds during the investment term?		
Do you want us to help you manage your existing policies and portfolio?	YES / NO	

Notes



Notes

A large, empty rectangular box with a thin black border, intended for the user to provide notes or additional information.