

Client Needs Analysis and Fact Find

Completed by:

Sumit Monga

Adviser

For

sumit monga

Client

on

2016/06/17

Date

CLIENT INFORMATION

Basic Information TITLE: FIRST NAME: SECOND NAME: SURNAME: Mr. sumit monga PREFERRED NAME: DATE OF BIRTH: GENDER: 1982-07-23 Male sumit **Contact Information** HOME PHONE: WORK PHONE: 0211174612 MOBILE PHONE: **EMAIL ADDRESS:** Address Information SUBURB: STREET ADDRESS: CITY: POSTCODE: **Current Employment** OCCUPATION: JOB TITLE: GROSS SALARY: EMPLOYER: STATUS: sumit LENGTH (IN YEARS): PAID LEAVE OWING: START DATE: ADMINISTRATIVE DUTIES(%): TRAVEL DUTIES(%): MANUAL DUTIES(%): **Previous Employment** OCCUPATION: JOB TITLE: GROSS SALARY: EMPLOYER: STATUS:

Tax Information

PAID LEAVE OWING:

END DATE:

LENGTH (IN YEARS):

START DATE:

TAX RESIDENT STATUS: IF NOT, WHAT COUNTRY ARE YOU RESIDENT: sumit

IRD NUMBER: PRESCRIBED INVESTOR RATE:

sumit

PARTNER INFORMATION

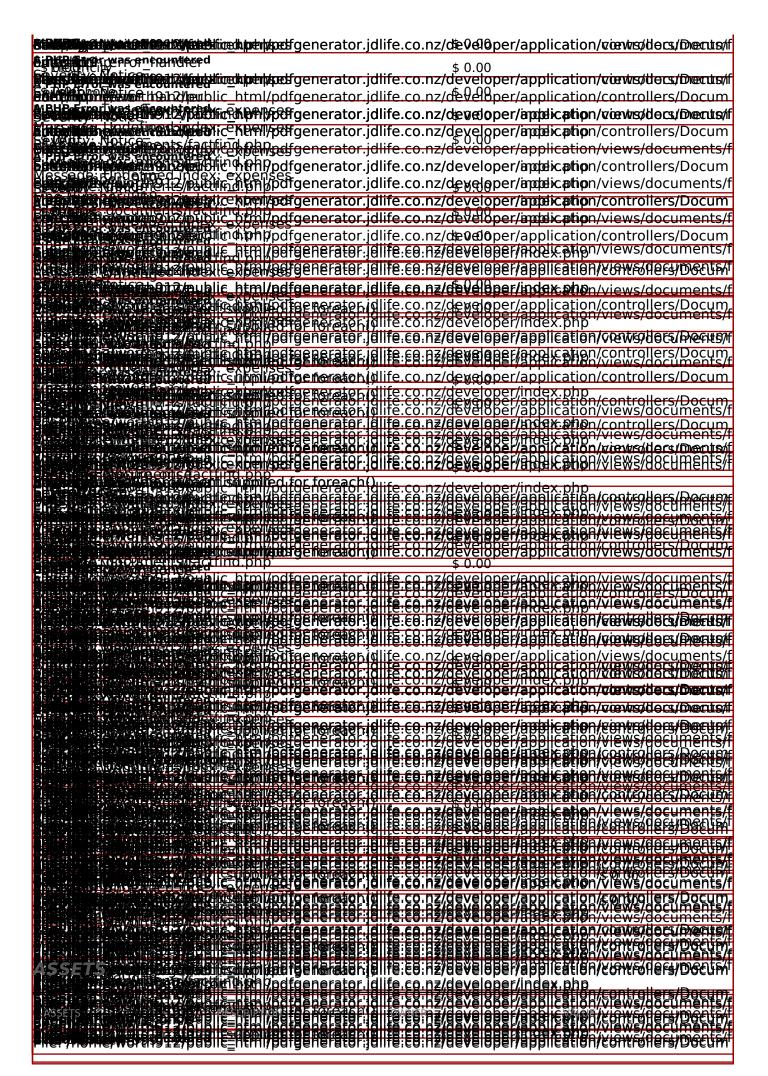
Basic Information							
TITLE: Mr.	FIRST NAME:	SECOND NAME:		SURNAME:			
PREFERRED NAME:		DATE OF BIRTH:		GENDER: Male			
	Contact In	formation					
HOME PHONE:		WORK PHONE:					
MOBILE PHONE:		EMAIL ADDRESS:					
	Address In	formation					
STREET ADDRESS:		SUBURB:					
CITY:		POSTCODE:					
	Current Em	ployment					
OCCUPATION:	JOB TITLE:						
GROSS SALARY:	EMPLOYER:			STATUS:			
LENGTH (IN YEARS):	PAID LEAVE OWING:			START DATE:			
ADMINISTRATIVE DUTIES(%):	TRAVEL DUTIES(%):			MANUAL DUTIES(%):			
	Previous En	nployment					
OCCUPATION:	JOB TITLE:						
GROSS SALARY:	EMPLOYER:		STATUS:				

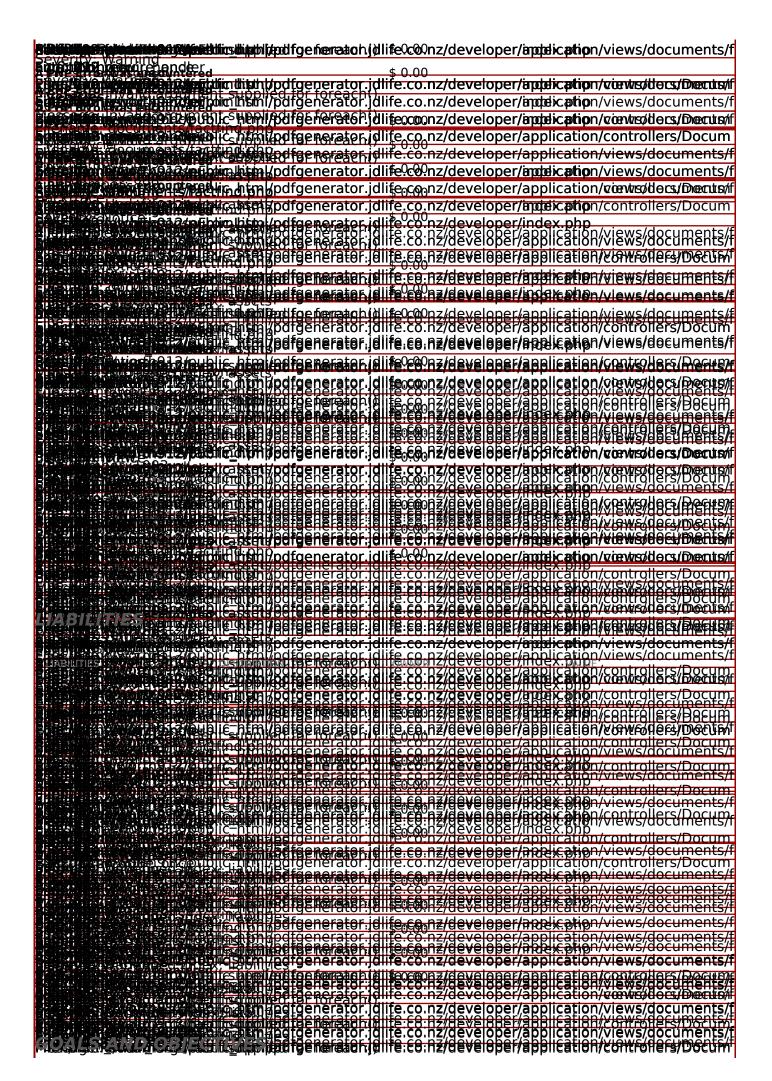
LENGTH (IN YEARS):	PAID LEAVE OWIN	NG:		
START DATE:	END DATE:			
	Tax	Information		
TAX RESIDENT STATUS:	IF NOT, WHAT CO	DUNTRY ARE YOU RESIDEN	NT:	
IRD NUMBER:	PRESCRIBED INVI	ESTOR RATE:		
CHILDREN/DEPEND	ENTS			
No children registered.				
PROFESSIONAL AD	VISERS			
	Ac	ccountant		
ACCOUNTANT NAME:		COMPANY NAME:		
STREET ADDRESS:	SUBURB:		CITY:	
WORK PHONE:		EMAIL:		
	,			
	2	Solicitor		
SOLICITOR NAME:		COMPANY NAME:		
STREET ADDRESS:	SUBURB:		CITY:	
WORK PHONE:		EMAIL:		
		Nakas		
FOR BASIC INFORMATION		Notes:		
INCOME				

	CLIENT	PARTNER
Wages/Salary	\$ 0.00	\$ 0.00
Bonuses	\$ 0.00	\$ 0.00
Commissions	\$ 0.00	\$ 0.00
Investment Interest	\$ 0.00	\$ 0.00
Investment Dividends	\$ 0.00	\$ 0.00
Rental Income	\$ 0.00	\$ 0.00
Pension Income	\$ 0.00	\$ 0.00
Trade Income	\$ 0.00	\$ 0.00
Royalties	\$ 0.00	\$ 0.00
Business Income	\$ 0.00	\$ 0.00
Other Income	\$ 0.00	\$ 0.00
Total Gross Income	\$ 0.00	\$ 0.00
Combined	\$ 0.00	
NET MONTHLY INCOME		
Client/Applicant 1		\$ 0.00
Partner/Applicant 2		\$ 0.00
Rental Income		\$ 0.00
Other Income		\$ 0.00
Total		\$ 0.00

EXPENSES

EXPENSES	AMOUNT	FREQUENCY	OWNER	ANNUAL
Tax				
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\$ Ot00r Tax			\$ 0.00	
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SENEMENT PAYER			\$ 0.00	
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                                                                                                                                                                                                                                                                                                                                                                         Client
          ACCOUNTANT NAME:
                                                                                                                                                                                                                                                                                                                                                                                                       COMPANY NAME:
            Abrosia Lament Tongtong
                                                                                                                                                                                                                                                                                                                                                                                                         Calamay Salami
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STREET ADDRESS: SUBURB: CITY:

Iriganmichihan Irigan Honey Money Street Irigan City

WORK PHONE: EMAIL:

0923456789 booki@gmail.com

INSURER BENEFIT TYPE BENEFIT A/SA: WP/BP: PREMIUM OWNER

AMOUNT

Myllse Life 100,000 Α BP Yes Myllse

Buttocks Buttocks

Partner

ACCOUNTANT NAME: COMPANY NAME: Abrosia Lament Tongtong Calamay Salami

STREET ADDRESS: SUBURB: CITY:

Irigan Honey Money Street Iriganmichihan Irigan City

WORK PHONE: EMAIL:

0923456789 booki@gmail.com

INSURER WP/BP: BENEFIT TYPE BENEFIT A/SA: PREMIUM OWNER

AMOUNT

Myllse Life 100,000 BP Myllse Α Yes **Buttocks Buttocks**

RISK PLANNING - DETAILED ANALYSIS

DESCRIPTION	OWNER	AMOUNT	% REPAID ON	% REPAID ON TPD	% REPAID ON

Liabilities to Clear

DEATH TRAUMA Describe me Myllse Buttocks 100,000 10% 10% 10%

nigger hahahahah ahaha hahaha

haha

Describe me nigger

hahahahah ahaha hahaha

haha

Myllse Buttocks

Myllse Buttocks

100,000

10%

10%

10%

10%

10%

Future Expenditure Required

10%

AMOUNT % REPAID ON % REPAID ON **DESCRIPTION** OWNER % REPAID ON TPD TRAUMA

DEATH

100,000

nigger hahahahah ahaha hahaha

Describe me

haha

Myllse Buttocks	100,000	10%	10%	10%
	Myllse Buttocks	Myllse Buttocks 100,000	Myllse Buttocks 100,000 10%	Myllse Buttocks 100,000 10% 10%

Future Education Expenses

CLIENT	PARTNER
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% REPAID ON DEATH: 10% TPD: 10% TRAUMA: 10% DEATH: 10% TPD: 10% TRAUMA: 10%

CHILDREN INFO

ahaha hahaha

haha

NAME: Harold Sacote	Jr.	DATE OF BIR	DATE OF BIRTH: 01/21/19		
LEVEL:	START AGE:	END AGE:	COST AGE:	INFLATION:	
PRESCHOOL	21	16	2,100	16	
PRIMARY	21	16	2,100	16	
SECONDARY	21	16	2,100	16	
TERTIARY	21	16	2,100	16	

Other Provisions

DESCRIPTION	OWNER	AMOUNT	% REPAID ON DEATH	% REPAID ON TPD	% REPAID ON TRAUMA
Describe me nigger hahahahah ahaha hahaha haha	Myllse Buttocks	100,000	10%	10%	10%
Describe me nigger hahahahah ahaha hahaha haha	Myllse Buttocks	100,000	10%	10%	10%

Assets

DESCRIPTION	OWNER	AMOUNT	% REPAID ON DEATH	% REPAID ON TPD	% REPAID ON TRAUMA
Describe me nigger hahahahah ahaha hahaha haha	Myllse Buttocks	100,000	10%	10%	10%
Describe me nigger hahahahah ahaha hahaha	Myllse Buttocks	100,000	10%	10%	10%

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DESCRIPTION	OWNER	AMOUNT	% REPAID ON DEATH	% REPAID ON TPD	% REPAID ON TRAUMA
Describe me nigger hahahahah ahaha hahaha haha	Myllse Buttocks	100,000	10%	10%	10%
Describe me nigger hahahahah ahaha hahaha haha	Myllse Buttocks	100,000	10%	10%	10%

RISK PLANNING - NEEDS TABLE

	Cli	ent Needs Table		
CAPITAL NEEDS	LIFE	TPD	TRAUMA	
Liabilities to Clear	1,234,567	1,234,567	1,234,567	
Future Expenditure Required	1,234,567	1,234,567	1,234,567	
Future Education Expense	1,234,567	1,234,567	1,234,567	
Medical Costs/Recovery Income	1,234,567	1,234,567	1,234,567	
Provision for Tax	1,234,567	1,234,567	1,234,567	
Other Provisions	1,234,567	1,234,567	1,234,567	
Other	1,234,567	1,234,567	1,234,567	
Total Capital Required	1,234,567	1,234,567	1,234,567	
CAPITAL PROVISIONS				
Disposable Assets	1,234,567	1,234,567	1,234,567	
Continuing Income	1,234,567	1,234,567	1,234,567	
Total Capital Available	1,234,567	1,234,567	1,234,567	
INSURANCE NEEDS				
Total Cover Required	1,234,567	1,234,567	1,234,567	
Existing Cover	1,234,567	1,234,567	1,234,567	
Surplus/Shortfall	1,234,567	1,234,567	1,234,567	
Partner Needs Table				
CAPITAL NEEDS	LIFE	TPD	TRAUMA	

Liabilities to Clear	1,234,567	1,234,567	1,234,567
Future Expenditure Required	1,234,567	1,234,567	1,234,567
Future Education Expense	1,234,567	1,234,567	1,234,567
Medical Costs/Recovery Income	1,234,567	1,234,567	1,234,567
Provision for Tax	1,234,567	1,234,567	1,234,567
Other Provisions	1,234,567	1,234,567	1,234,567
Other	1,234,567	1,234,567	1,234,567
Total Capital Required	1,234,567	1,234,567	1,234,567
CAPITAL PROVISIONS			
Disposable Assets	1,234,567	1,234,567	1,234,567
Continuing Income	1,234,567	1,234,567	1,234,567
Total Capital Available	1,234,567	1,234,567	1,234,567
INSURANCE NEEDS			
Total Cover Required	1,234,567	1,234,567	1,234,567
Existing Cover	1,234,567	1,234,567	1,234,567
Surplus/Shortfall	1,234,567	1,234,567	1,234,567

SCOPE OF SERVICES

Client

SCOPE OF ADVICE: IS THIS ADVICE LIMITED: IF YES, WHY?:

Abrosia Lament Tongtong Yes Irigan Honey Money Street

TOPICS DISCUSSED AND NOT INCLUDED IN MY STATEMENT OF ADVICE:

Iriganmichihan

Partner

SCOPE OF ADVICE: IS THIS ADVICE LIMITED: IF YES, WHY?:

Abrosia Lament Tongtong Yes Irigan Honey Money Street

TOPICS DISCUSSED AND NOT INCLUDED IN MY STATEMENT OF ADVICE:

Iriganmichihan

PRIVACY DECLATION

The information you have provided in this document is personal and we undertake to keep it confidential. It is sought to ensure we have sufficient information to conduct an appropriate investigation into your current financial situation, your goals, objectives and particular needs in order for us to make recommendations on a reasonable basis. We will retain this information so we can be of ongoing assistance to you. Under the Privacy Act-1993 you have the right to access, or to request correction, of any personal information held by us about you.

SCOPE OF SERVICE AND PRIVACY ACKNOWLEDGEMENT

CLIENT NAME: Irigan Honey Money Street	PARTNER NAME: Irigan Honey Money Street
CLIENT SIGNATURE:	PARTNER SIGNATURE:
DATE: 2009/12/12	DATE: 2009/12/12