## SHREE ASSOCIATES

Portfolio Managers for Life Insurance

**CERTIFIED FINANCIAL PLANNER** 

Consultant :

**Arvind Hirlekar** 

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			FINANC	IAL CHEC	K-UP						
Date		C	This Data will b	e kept Strictly C	onfidential)		Sr. No.				
. PERSONAL INFOR	MATION :										
ame				Nick Name		Ref. b	/				
ather's Name											
ate of Birth(A)	(R)		Place of Birth	1		Age	Date of Wedding				
ducation	( ,	Incom			Occupation	_					
ousehold Exps. Rs.	р	p.m. Self Exps. Rs.			Vehicle used:						
etirement Age	Current cash lie	quidity Rs		Investment: Rat	e of Return		% Inflation Rate %				
esignation			Service F	Period	Blood group (BC	G)	Eating habits	v/NV			
	Return	ed Income	(3Yrs.) 1.		2	3	3				
mily Doctor's Details :			-	C.A's	Details:						
eligion :			iuage :								
	Residential						Office				
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st time to call											
ll phone	E	-mail 1			E-m	ail 2					
MEDICAL HISTORY	:				Identificati	on Marks :					
Ht. Wt.	Abd.		Chest			- s/Accidents/III	nesses:				
					Nature		Hosp				
					Date		Doctor				
					Drinking/S	moking habits	ng habits				
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FAMILY HISTORY:											
Relation Nam	e DOB	Age	Education	Occupation	Income	BG	Cell No.	E-mail			
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EXISTING INSURAN (PLEASE WRITE POI			FAMILY MEME	BERS							
	OC S.A.	T.T.	Premium	M Nom	inees	Br. N	IOAP M/NM	FUP			
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## E. EXISTING SAVINGS/INVESTMENTS:

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OWN																
SPOUSE																
F. MOST	IMPORTAN	NT YET N	EGLECTED	MATTE	RS:											
<ol> <li>Have you made your Will &amp; if yes, do you review it regularly ?</li> <li>Do you go for your regular Medical check-up ?</li> </ol>			arly ?				I Walk forhrs per d									
& 3. Do you g	go for your re	gular Finai	ncial check-up	?												
		-														
Have you given a thought to					Yes/I	Yes/No. If yes, Amt.					mt. of If no, Amt. of					
							Corpus Created				Corpus Required					
1. Provisio	on for househ	old expens	ses													
	n's Start-in-Li															
3. Children	n's education	/Higher Ed	ucation/Marria	ige												
	on for hospita															
5. Retirem	ent provisior	1														
	D YOU LIK Eagues, e		COMMEND	THE SER	VICE OF F	INANCIAL	CHE	CK-UP TC	) YOI	JR FR	IENDS, F	RELATIVES	S			
Sr.	Name			Address	ess Phone(Res		es)	Phone(Off)		Cell Pho			hone			
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Incharge : Location: How Long I	Known		Dept.	No.				Emp.No.				P.A.Code		From	:	
Nominee:			·		ppointee:			-	NOAP:			-	-			
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SPECIAL NOTES :							Returned A Income Y.E.		mount	ount Average		M Factor		Product		
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REQUIREN	MENTS:						-									
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