



## FACT FIND

**Client Name(s):**

**Date :**

**Money Doctors :**

This **Fact Find** contains questions about your financial circumstances. You will need to know the answers to these questions in order to obtain a true and complete financial picture so that you can receive appropriate recommendations, solutions and advice for your financial needs.

Completion of this Fact Find is a requirement for compliance purposes as directed by the Central Bank of Ireland.



## ***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. It is also required for compliance purposes as directed by the Central Bank of Ireland. Knowledge is power and therefore before you start, you must know your exact circumstances to obtain the best financial direction.

#### ***1. ABOUT YOU***

	<b><i>Self</i></b>	<b><i>Partner</i></b>
Name/s	.....	.....
Address	..... ..... .....	..... ..... .....
Monthly Rent :		Monthly Rent :
Tel	(H).....(W).....	(H).....(W).....
Mobile / fax	.....	.....
Email	.....	.....
Date of birth	.....Smoker Y / N	Date of birth.....Smoker Y / N
Health status / Family health	.....	.....
Marital status	.....	.....



## 2. YOUR FAMILY

Children's Names	Date of Birth	School / College	Educational Fees Plans ?
.....	...../...../.....	.....	.....
.....	...../...../.....	.....	.....
.....	...../...../.....	.....	.....
.....	...../...../.....	.....	.....

Other Dependents / Maintenance.....

## 3. YOUR EMPLOYMENT / INCOME

### EMPLOYEE

	<i>Self</i>	<i>Partner</i>
Profession/Trade	.....	.....
Position	.....	.....
Employer	.....	.....
Address	.....	.....
	.....	.....
Years of Service	.....	.....
Salary Per Annum (gross)	€ .....	€ .....
Annual Bonus (gross)	€ .....	€ .....
Annual Commission (gross)	€ .....	€ .....
Annual Overtime (gross)	€ .....	€ .....
Other Annual Income (gross) Description .....	€.....	Description .....€.....
Other Annual Income (gross) Description .....	€.....	Description .....€.....
Net Income Per Wk/Mth	€ .....	€ .....

### PERSONAL BANK ACCOUNT DETAILS

Bank	.....	.....
Address	.....	.....
	.....	.....
	.....	.....
	.....	.....



**SELF EMPLOYED**
*Self*
*Partner*

Name of Company/Firm	.....	.....
Address	.....	.....
Nature of business / date established	.....	.....
Number of Employees	.....	.....
Percentage of Ownership	.....	.....
Job Title / Responsibility	.....	.....
Annual Turnover	.....	.....
Annual Net Profit	.....	.....
Annual Salary (gross)	€ .....	€ .....
Annual Drawings (gross)	€ .....	€ .....
Annual Bonus (gross)	€ .....	€ .....
Annual Commission (gross)	€ .....	€ .....
Other Annual Income (gross)	Description .....€ .....	Description .....€ .....
Other Annual Income (gross)	Description .....€ .....	Description .....€ .....
Net Income Per Wk/Mth	€ .....	€ .....
Date Of Last Tax Return	.....	.....
Date Of Last Accounts	.....	.....
Tax Owed/Due	€ .....	€ .....
VAT/PRSI Owed/Due	€ .....	€ .....

**COMPANY 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 €	Repayments Per month €	Income €	Remaining Term

#### 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 €					

#### Cash

Institution				
Balance €				
Interest rate				

#### Credit Cards

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

#### Other Assets/Loans

Asset /Loan Description	Institution	Interest Rate	Asset Value €	Loan Balance €	Monthly Income €	Monthly Repayment €
Car # 1						
Car # 2						



## 5. INSURANCES/ASSURANCES

### Life Cover

Company	Reference No.	Type of cover	€ covered	Monthly €	Date of policy : term
					:
					:
					:
					:

### Health Insurance Cover (including serious illness cover / income protection)

Company	Reference No.	Type	€ covered	Monthly €	Renewal date

### Pensions

Company	Reference No.	Monthly. €	Current Value €	Maturity Value €	Start date

### Property Insurance

Company	Reference No.	Monthly €	Buildings €	Contents €	Renewal date

### Other (car insurance, other risk insurance)

Company	Reference No.	Type	Monthly €.	Renewal date

## 6. PROFESSIONAL ADVISERS

SOLICITOR

ACCOUNTANT

Name Of Firm .....

Address Of Firm .....

Name Of Contact .....

Contact Numbers .....

7. Will YES ☐ NO ☐ Location of Will : .....

Executor / executrix .....

Solicitor .....

Witnessed by (2) .....





Your main priorities ( 1- 10, with 10 being the highest priority ) if seeking Money Doctors' advice.

<i>Item</i>	<i>Priority</i>	<i>Item</i>	<i>Priority</i>
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	

**YOUR** financial objectives:

**IMMEDIATE –**

**MEDIUM TERM –**

**LONG TERM –**



THIS DOCUMENT SHOULD BE SIGNED BY BOTH THE CLIENT/S AND AN ADVISER TO CONFIRM THAT THE INFORMATION GIVEN IS CORRECT AND CONSENT IS GIVEN TO COMMUNICATE WITH AN OUTSIDE FINANCIAL PARTY.

**Clients confirmation**

**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)

Low	Low /Medium	Medium	Medium / High	High

**Data Protection Act**

- In line with GDPR legislation (May 2018) I / we accept that the information that has been provided to Providence Finance Services Limited trading as Money Doctors (the Company) may be retained by them and used for the ongoing management of our business relationship. For the full Privacy policy and statement, please click on this link <https://moneydoctors.ie/privacy-statement/>
- Where the Company have been instructed to obtain on our behalf a financial product, appropriate parts of the information may be passed to a 3<sup>rd</sup> party supplier in support of the application / proposal.

**Communications with a client.**

Here at Providence Finance Services Limited trading as Money Doctors (the Company), we take your data protection seriously and will only use your data as discussed with you in our Privacy Statement. As part of the process of fulfilling any requested product requirements the Company may contact me / us in relation to those business matters that we provide at the email address, telephone, SMS & fax 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 Doctors 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. You may unsubscribe at any time.

**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.

Client signature/s : .....

Money Doctors signature : .....

Date : .....

