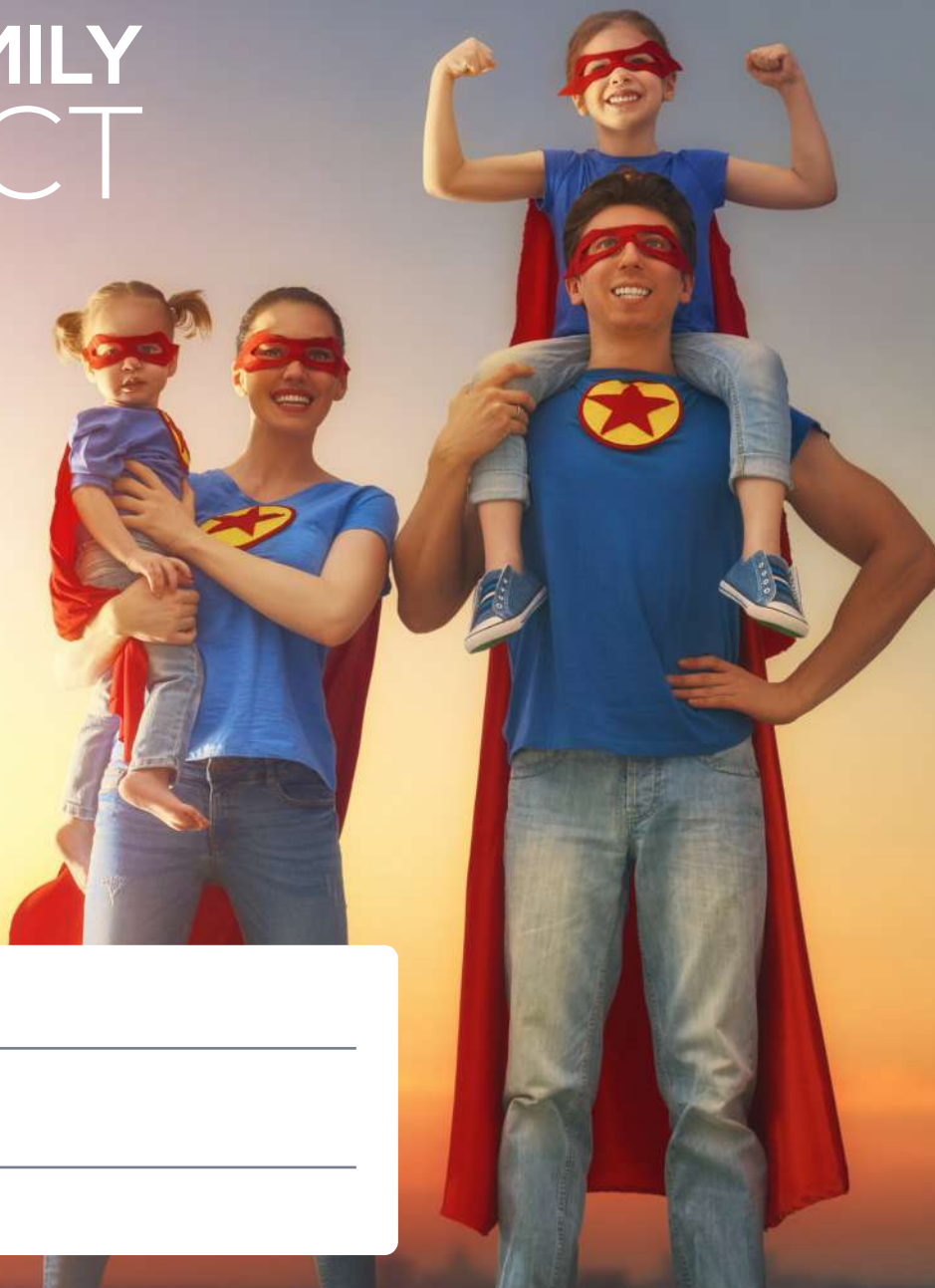




# HAPPY FAMILY PROJECT



Name : \_\_\_\_\_

Client ID : \_\_\_\_\_

Please fill this documents with the help of your financial advisor.

# Let's Talk !!!

## Why you Earn Money?

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> To survive for household expenses   | <input type="checkbox"/> Protection for Family       | <input type="checkbox"/> For Independent Retired Life            |
| <input type="checkbox"/> For Children's Education & Marriage | <input type="checkbox"/> Spending Money on Lifestyle | <input type="checkbox"/> To repay debt & outstanding liabilities |

## What are your Investment Objectives?

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Fixed Income with Capital Protection | <input type="checkbox"/> Variable Income with Capital Growth | <input type="checkbox"/> Clearing Debt / Loans                |
| <input type="checkbox"/> Wealth creation for Long Term        | <input type="checkbox"/> Tax Saving for Mid Term             | <input type="checkbox"/> Maintaining Liquidity for Short Term |

## While investing your money which factor do you prefer most?

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Emergency / Contingency Funds  | <input type="checkbox"/> Lifestyle Maintenance Expenses | <input type="checkbox"/> Low Risk Low Returns |
| <input type="checkbox"/> Moderate Risk Moderate Returns | <input type="checkbox"/> High Risk High Returns         | <input type="checkbox"/> No need to save more |

## What is your source of Investment Advice?

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Newspapers & News Channels | <input type="checkbox"/> Friends & Family Members    | <input type="checkbox"/> Financial Planners & Investment Advisors |
| <input type="checkbox"/> Websites & Whatsapp Groups | <input type="checkbox"/> Research & Advisory Reports | <input type="checkbox"/> No Source as on Date                     |

## What is your today's experience with respect to investment portfolio & your financial advisor?

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Not happy at all, Need some second opinion | <input type="checkbox"/> I need to start from scratch again     | <input type="checkbox"/> I need realignment in my portfolio with an Expert |
| <input type="checkbox"/> I don't want to trust anyone anymore       | <input type="checkbox"/> I may require these services in future | <input type="checkbox"/> I am very happy with my portfolio & my advisor    |

## Where do you find yourself as an investor?

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Total Ignorant / No Investments              | <input type="checkbox"/> Partial Knowledge with limited information | <input type="checkbox"/> Full awareness & equipped with knowledge |
| <input type="checkbox"/> Aware only about some investment instruments | <input type="checkbox"/> Blind trust on my investment advisor       | <input type="checkbox"/> I don't know what's the ideal process    |

## How often do you REVIEW your investment Portfolio with your Advisor?

- |                                |                                  |                                    |                                      |                                 |                                |
|--------------------------------|----------------------------------|------------------------------------|--------------------------------------|---------------------------------|--------------------------------|
| <input type="checkbox"/> Daily | <input type="checkbox"/> Monthly | <input type="checkbox"/> Quarterly | <input type="checkbox"/> Half-Yearly | <input type="checkbox"/> Yearly | <input type="checkbox"/> Never |
|--------------------------------|----------------------------------|------------------------------------|--------------------------------------|---------------------------------|--------------------------------|

## What is your Family's Annual Income?

- |                                     |                                       |  |   |   |   |
|-------------------------------------|---------------------------------------|--|---|---|---|
| <input type="checkbox"/> 0 to 2Lakh | <input type="checkbox"/> 2 to 5 Lakhs | <input type="checkbox"/> 5 to 10 Lakhs | <input type="checkbox"/> 10 to 25 Lakhs | <input type="checkbox"/> 25 to 50 Lakhs | <input type="checkbox"/> 50 Lakhs & Above |
|-------------------------------------|---------------------------------------|--|---|---|---|

## What % of your Income do you invest for you Future Goals from your Regular Salary / Business / Pension Income?

- |                                   |                                    |                                    |                                    |                                    |                                      |
|-----------------------------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|--------------------------------------|
| <input type="checkbox"/> 0% - 10% | <input type="checkbox"/> 10% - 20% | <input type="checkbox"/> 20% - 30% | <input type="checkbox"/> 30% - 40% | <input type="checkbox"/> 40% - 50% | <input type="checkbox"/> 50% & Above |
|-----------------------------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|--------------------------------------|

## What is your Expected Return on Investment?

- |                                  |                                  |                                   |                                    |                                    |                                      |
|----------------------------------|----------------------------------|-----------------------------------|------------------------------------|------------------------------------|--------------------------------------|
| <input type="checkbox"/> 3% - 6% | <input type="checkbox"/> 6% - 9% | <input type="checkbox"/> 9% - 12% | <input type="checkbox"/> 12% - 15% | <input type="checkbox"/> 15% - 18% | <input type="checkbox"/> 18% & Above |
|----------------------------------|----------------------------------|-----------------------------------|------------------------------------|------------------------------------|--------------------------------------|

# I&I DATA SHEET

## PART A - Section 1

### IDENTITY DETAILS

Full Name (As per PAN CARD)				Client ID No.			
Father's Name (As per PAN CARD)				Mother's Name			
Spouse's Name							
Date of Birth	<input type="text"/>	Anniversary Date	<input type="text"/>	Gender	<input type="checkbox"/> M <input type="checkbox"/> F	DIN No. (OPTIONAL)	<input type="text"/>
PAN No. (MANDATORY)	<input type="text"/>	AADHAR No. (MANDATORY)	<input type="text"/>	PASSPORT (OPTIONAL)	<input type="text"/>		
Status	<input type="checkbox"/> Individual <input type="checkbox"/> NRI <input type="checkbox"/> HUF	Profession	Qualification				

### ADDRESS DETAILS

Communication Address	<input type="text"/>		
	<input type="text"/>		
	CITY / TOWN / VILLAGE	STATE / COUNTRY	PIN CODE
Permanent Address	<input type="text"/>		
	<input type="text"/>		
	CITY / TOWN / VILLAGE	STATE / COUNTRY	PIN CODE

### CONTACT DETAILS

Residence No.	<input type="text"/>	Office No.	<input type="text"/>	Mobile No. (Mandatory)	<input type="text"/>
Email (Mandatory)	<input type="text"/>				

### BANK / SPARK DETAILS

A/c No.	<input type="text"/>	IFSC	<input type="text"/>	A/c Type	<input type="text"/>	Name / Branch	<input type="text"/>
A/c No.	<input type="text"/>	SPARK ID	<input type="text"/>	A/c Type	<input type="text"/>	Regd. Mobile No.	<input type="text"/>

## OCCUPATION DETAILS

## I&I DATA SHEET

### PART A - Section 2

Name of the Organisation / Company Name \_\_\_\_\_ Industry / Domain \_\_\_\_\_

Designation \_\_\_\_\_ Years of Service \_\_\_\_\_ Retirement Age (If any) \_\_\_\_\_ Annual Income \_\_\_\_\_

## HEALTH DETAILS (Applicant's)

Blood Group \_\_\_\_\_ Height / Weight \_\_\_\_\_ Health Issues (If any) \_\_\_\_\_

## FAMILY DETAILS

	SPOUSE	CHILD-1	CHILD-2	MOTHER	FATHER
Name					
DOB / Age					
Education					
PAN No.					
Company					
Designation					
Occupation					
Annual Income					
Blood Group					
Height / Weight					
Health Details (If any)					

Identify Your Top 5 Dreams / Goals (Please Tick '✓')

I&I DATA SHEET  
PART A - Section 3

Complete Protection <input type="checkbox"/>	Quality Education <input type="checkbox"/>	Buying New House <input type="checkbox"/>	Passive Income <input type="checkbox"/>	Emergency Funds <input type="checkbox"/>
Retirement Corpus <input type="checkbox"/>	Marriage Celebration <input type="checkbox"/>	Buying New Car <input type="checkbox"/>	Business Expansion <input type="checkbox"/>	Saving Taxes <input type="checkbox"/>
Secured Pension <input type="checkbox"/>	Succession Planning <input type="checkbox"/>	Global Travel <input type="checkbox"/>	Charity & Donation <input type="checkbox"/>	Reducing Debts <input type="checkbox"/>

Quantify Your Top 5 Dreams / Goals

<u>LONG TERM</u>	FUTURE VALUE	<u>MID TERM</u>	FUTURE VALUE	<u>SHORT TERM</u>	FUTURE VALUE

Future Income / Returns From Your Existing Portfolio

TERM	0	5	10	15	20	25	30
EXPECTED RETURNS							

# Review of Current Portfolio as on date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## I&I DATA SHEET

### PART A - Section 4

PROTECTION	SUM ASSURED	YLY. PREMIUM
Natural Death Cover		
Accidental Death Cover		
Hospitalisation Cover		
Whole Life/Pension Plan		
<b>TOTAL</b>		

GROWTH	TODAY'S VALUE	MLY. SIP
Equity & MF Portfolio		
Gold / Commodity		
Derivative Advisory		
PMS / Intl. Equity		
<b>TOTAL</b>		

ASSETS	TODAY'S VALUE	RENTAL INCOME
Residential Property		
Commercial Property		
Land Investments		
International Property		
<b>TOTAL</b>		

EXPENSES / LIQUIDITY	YEARLY	MONTHLY
Household Expenses		
Lifestyle Expenses		
Other Expenses		
Cash in Hand		
<b>TOTAL</b>		

SAFETY	FIXED DEPOSITS	MLY. RD
Bank Deposits		
Co-op Deposits		
Company Deposits		
Postal Savings / PPF		
<b>TOTAL</b>		

OPPORTUNITY	INVESTMENT	EXPECTED ROI
Business Investment		
Credit Management		
Private Equity / VC		
Personal Lending		
<b>TOTAL</b>		

LIABILITIES / TAXES	OUTSTANDING	EMI / ADV. TAX
O/s. Housing Loan		
Personal / Prof. Liability		
Contingency Fund		
Annual Taxes		
<b>TOTAL</b>		

#### Declaration

I / We here by declare & affirm that the details mentioned above relates to me / us only and are true to the best of my knowledge.

NAME

SIGN



NAME

SIGN



Net Worth Valuation as on date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Quadrant	Total Value	Current Asset Allocation in %		Ideal Asset Allocation in %	
		As on Date	Expected ROI	I&I Philosophy	Expected ROI
Protection		%	%	%	4% - 6%
Safety		%	%	%	6% - 12%
Growth		%	%	%	10% - 16%
Opportunity		%	%	%	12% - 18%
Assets		%	%	%	6% - 10%
TOTAL		100 %	%	100 %	8% - 12%

Quadrant	Total Outstanding
Liabilities	
Expenses	
TOTAL	

$$\begin{aligned} &(\text{Protection} + \text{Safety} + \text{Growth} + \text{Opportunity} + \text{Assets}) \\ &- (\text{Liabilities} + \text{Expenses}) = \text{TODAY'S NET WORTH} \end{aligned}$$

TODAY'S NET WORTH

Re-alignment Notes (FOR OFFICE USE ONLY)

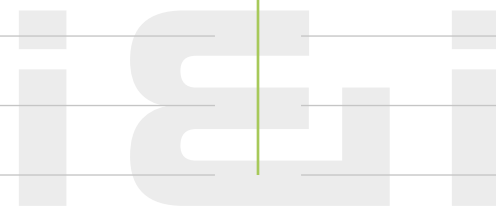
i&i

**Re-structuring / Execution Plan**

(FOR OFFICE USE ONLY)

**Review / Follow up**

(FOR OFFICE USE ONLY)



BUILD YOUR DREAMS WITH US