

Personal Details

	Self	Partner
Name		
Address		
Home Telephone		
Mobile		
Email		
Marital Status		
Date of Birth		
Sex		
Smoker		
Health		
PPS Number		

Dependents

Name	Date of Birth	Relationship

Employment Details

	Self	Partner
Occupation		
Type		
Employer (if applicable)		

Personal / Employment Notes

Income

	Self	Partner
Gross Annual Salary		
Net Monthly Income (from salary)		
Other Net Monthly Income		
Total Net Monthly Income		

Regular Outgoings

	Self	Partner	Joint
Mortgage Repayments			
Other Loan Repayments			
Life/Savings/Pension Policies			
Regular Expenses (eg.rent,food,household bills)			
Motor/ Travel/ Holidays			
Other Expenses			
Total Monthly Outgoings			

Income / Outgoings Notes

Family Home & Property Investments

Address	Ownership	Value	Mortgage	Repayment	Term Left	Rental Income

Non-Mortgage Loans

Self / Partner / Joint	Purpose	o/s Amount	Repayment	End Date

Life and Serious Illness Protection Cover

Self/Partner	Policy number	Provider	Life Amount	Illness Amount	Premium/Cost	Start Date	End date

Notes / Comments

Income Protection

Self/Partner	Policy number	Provider	Annual benefit	Premium/Cost	Start Date	End Date

Health Insurance

Self/Partner/Joint	Company	Level of cover	Premium/Cost

Investments

Self/Partner/Joint	Product Description	Company	Current Value	Net Income (P.A)

Deposits / Savings

Self/Partner/Joint	Company	Current value	Contribution	Frequency	Interest Rate

Defined Contribution Pensions

Partner / Self	Provider	Policy Number	Current Value	Contribution	Frequency

Defined Benefit Pensions

Partner/Self	Employer	Member Status	Current Yr	Max Service	Denominator	NRA

Notes / Comments

	You Have	You Need	Shortfall	Priority (High/Med/Low)
Mortgage & Loan Protection				
- Self				
- Partner				
Life Cover				
- Self				
- Partner				
Serious Illness Cover				
- Self				
- Partner				
Income Protection Cover				
- Self				
- Partner				
Pension				
- Self				
- Partner				
Regular Savings				
- Self				
- Partner				
Investments				
- Self				
- Partner				

Agreed Financial Priorities for Immediate Action

Notes / Comments

Client Signature

Source of business	Name of referrer
Signed	<hr/>
Dated	<hr/>

Notes / Comments

Declaration

I/We confirm that this completed Fact Find is a true and fair account of my/our personal and financial circumstances at this date and I/we am satisfied that the information given by me in my/our Financial Review meeting is accurately reflected in this Fact Find. I/We understand that any recommendations made to me/us will be based on my answers as set out in this Fact Find.

Customer Signature : _____

Customer Signature : _____

Adviser Signature : _____

Date ____ / ____ / ____

Terms of Business & Data Protection Declaration

We collect your personal details in order to provide the highest standard of service to you. We take great care with the information provided; taking steps to keep it secure and to ensure it is used only for legitimate purposes. The information you have provided will be treated as confidential and will be retained by Qifa Financial Planners in electronic format for the purposes of providing financial services. You have the right at any time to request a copy of any 'personal data' within the meaning of the Data Protection Acts 1988 & 2003 (as amended or re-enacted from time to time) that our office holds about you and to have any inaccuracies in that information corrected. The information and other data provided to our office may be used to advise you of products and services* we may offer from time to time.

* I/We do not wish to be contacted and/ or receive information on products and services

* I/We agree to be contacted for the provision of marketing information on the products and services offered by Qifa Financial Planners by:

Phone
SMS
Email
Post

The information you have provided will be treated as confidential and will be retained by Qifa Financial Planners in electronic format for the purposes of providing financial services.

You have the right to request a copy of the information we hold about you and to have any inaccuracies in such information corrected.

I/We have received a copy of your terms of business.

Customer Signature : _____

Customer Signature : _____

Date ____ / ____ / ____

Declaration (where the Compulsory Sections of Fact Find have been partially completed)

I/We confirm that I/we do not wish to complete the Fact Find in the detail requested. I/We accept that the information I/we have provided and the advice I/we have received is in relation to this specific transaction only. I/We confirm that I/we are happy to proceed on this basis.

Customer Signature : _____

Customer Signature : _____

Adviser Signature : _____

Date ____ / ____ / _____

Source of business :

Name of referrer :