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Attach business card here



CONFIDENTIAL CLIENT PROFILE

Personal Financial Planning

Client name:	
Mobile number:	
Landline number:	
Emergency contact number:	
Personal email:	
Work email:	
Preferred email contact:	Personal ☐ Work ☒
City / Country:	
Correspondence address:	
Advisor name:	
Date completed:	

I/We agree to providing Invinance Advisory Services LLC-FZ with the answers to the questions contained within this document (unless otherwise stated on the form) to enable me/us to receive financial planning advice. I/we further understand that the information provided will be used solely for the purpose for which it has been provided and will be subject to relevant data protection legislation, and can be accessed by me/us on request.

SECTION 1 – PERSONAL DETAILS

FAMILY DETAILS		SELF		PARTNER	
Title / Full name:					
Age / D.O.B.:					
Marital status:		Single ☐ Married ☒ Separated ☐ Divorced ☐		Single ☐ Married ☐ Separated ☐ Divorced ☐	
Nationality:					
Country of residence:					
Employer:					
Occupation:					
Residential address:					
How long offshore?				Planning to remain offshore? Yes ☐ No ☐ Unknown ☐	
Who makes financial decisions?		Self ☐ Joint ☐		Other adviser:	
Health conditions:					
Are you, or your family member a Politically Exposed Person (PEP)?		Yes ☐ No ☐			
Children / Dependents		Age	M/F	School / University	
1.					
2.					
3.					
4.					
Do you have sufficient savings in place for your children's education?		Yes ☐ No ☐			

SECTION 2 – INCOME, ASSETS & LIABILITIES

INCOME DETAILS		MONTHLY / ANNUALS		SELF		PARTNER	
Basic earned income:							
Bonus / Commission:							
Housing allowance:							
Investment income:							
Other (incl. pension):							
TOTAL INCOME:							

EXPENDITURE DETAILS		MONTHLY / ANNUALS		JOINT EXPENDITURE	
Accommodation costs (incl. utilities):					
Food: Travel (car/flights):					
Living/Entertainment / Holidays: Fixed					
Bills (loans/credit cards/lease					
payments): Savings/pensions/insurance					
premiums: Other					
Monthly / Annual Disposable Income:					

LIABILITIES (NON MORTGAGE DEBT)

Company/Loan Provider	Purpose of Loan	Held By	Currency	Monthly Repayment	Amount Outstanding	Final Repayment Date
1.						
2.						
3.						
4.						
5.						
TOTAL LIABILITIES:						

PERSONAL BALANCE SHEETS

A. SHORT TERM ASSETS (i.e. Bank and Cash Deposits)

ACCOUNT PROVIDER	LOCATION	CURRENCY	VALUE	INTEREST %
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
TOTAL SHORT TERM ASSETS:				

B. MEDIUM /LONG TERM ASSETS (i.e. unitised investments, mutual funds, equities, Savings plans, long terms saving plans, Pensions, retirement provisions etc.)

DETAILS OF ASSET / INVESTMENT	LOCATION	CURRENCY	INCOME	CURRENT VALUE
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
TOTAL MEDIUM/LONG TERM ASSETS:				

C. PROPERTY ASSETS

DETAILS OF PROPERTY	PURCHASE DATE	PURCHASE VALUE	INCOME RECEIVED	CURRENT VALUE	MORTGAGE OUTSTANDING	MONTHLY DEBT COSTS
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						

TOTAL PROPERTY ASSETS:

TOTAL NET VALUE OF ASSETS:

D. WHAT FOREIGN EXCHANGE (FX) PLATFORM DO YOU CURRENTLY USE, IF ANY?

E. WHEN YOU ARE TRAVELLING, DO YOU USE A MULTI-CURRENCY CARD?

Yes☐

No☐

F. FAMILY SECURITY & PROTECTION

INSURER & POLICY DOMICILE	POLICY HOLDER	POLICY TYPE	TERM	PREMIUM	LIFE COVER SUM ASSURED	CRITICAL ILLN SUM ASSURED
1.						
2.						
3.						
4.						
5.						
6.						

TOTAL COVER:

DO YOU HAVE LIFE INSURANCE?

Yes☐

No☐

SMOKER?

Yes☐

No☐

G. WILLS / SUCCESSION PLANNING

Do you have a Will in place?

Yes☐

No☐

When was it last reviewed?

Who are the beneficiaries?

SECTION 3 – FINANCIAL PLANNING, ANALYSIS AND OBJECTIVES

At what age are you likely to retire?

Where do you plan to live at that time?

What kind of lifestyle / hobbies will you enjoy?

In today's terms, what level of income would you like in retirement?

DETAILS OF SPECIFIC FINANCIAL SOLUTIONS REQUIRED

SECTION 4 – FINANCIAL PRIORITIES CHECKLIST

FINANCIAL PRIORITIES CHECKLIST		tick	tick
1.Family Protection – Life Cover / Critical Illness	☐	6.Lump Sum Investment Strategy	☐
2.Succession Planning – Will / IHT / Wealth Preservation Plan	☐	7.FOREX	☐
3.Education Planning	☐	8.Pension Transfer Analysis	☐
4.Short – Medium Term Savings	☐	9.Property Investment	☐
5.Regular Savings for Retirement	☐	10.Other Areas, Inc Vault	☐

CLIENT INTRODUCTIONS

CONTACT NAME	DETAILS
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

CLIENT CONSENT FOR Invinance Advisory Services LLC-FZ TO PROVIDE ADVICE	
I/We confirm that any information included in this fact find is accurate as of the date below and has been properly recorded. I/we are aware that the information provided will be used by my/our financial advisor to enable him/her to recommend financial products that meet my/our personal profile. Therefore any information not disclosed may result in an inaccurate assessment and recommendations(s).	
Signature:	Date:
Signature:	Date:
Adviser Signature:	Date:

SECTION 5 - AGREED ACTION PLAN

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.



Invinance Advisory Services LLC-FZ

Meydan Grandstand, 6th floor, Meydan Road, Nad Al Sheba, Dubai, U.A.E.
