

Consultant :

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FINANCIAL CHECK-UP

(This Data will be kept Strictly Confidential)

Date : _____

Sr. No. _____

A. PERSONAL INFORMATION :

Name _____ Nick Name _____ Ref. by _____

Father's Name _____

Date of Birth(A) _____ (R) _____ Place of Birth _____ Age _____ Date of Wedding _____

Education _____ Income _____ Occupation _____

Household Exps. Rs. _____ p.m. Self Exps. Rs. _____ p.m. Vehicle used: _____

Retirement Age _____ Current cash liquidity Rs _____ Investment: Rate of Return _____ % Inflation Rate _____ %

Designation _____ Service Period _____ Blood group (BG) _____ Eating habits V/NV _____

PAN _____ Returned Income (3Yrs.) 1. _____ 2. _____ 3. _____

Family Doctor's Details : _____ C.A's Details: _____

Religion : _____ Langauge : _____

Residential

Office

Address _____

Phone _____

Best time to call _____

Cell phone _____ E-mail 1 _____

E-mail 2 _____

B. MEDICAL HISTORY:

Ht.	Wt.	Abd.	Chest
_____	_____	_____	_____
_____	_____	_____	_____

Identification Marks : _____

Operations/Accidents/Illnesses: _____

Nature _____ Hosp _____

Date _____ Doctor _____

Drinking/Smoking habits _____

Spects _____ Missing Teeth _____

C. FAMILY HISTORY:

Relation	Name	DOB	Age	Education	Occupation	Income	BG	Cell No.	E-mail
1	_____	_____	_____	_____	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____	_____	_____	_____	_____
5	_____	_____	_____	_____	_____	_____	_____	_____	_____
6	_____	_____	_____	_____	_____	_____	_____	_____	_____
7	_____	_____	_____	_____	_____	_____	_____	_____	_____

D. EXISTING INSURANCE POLICIES: OF ALL THE FAMILY MEMBERS

(PLEASE WRITE POLICY NUMBERS ONLY)

Policy No.	DOC	S.A.	T.T.	Premium	M	Nominees	Br.	NOAP	M/NM	FUP
1	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

Specimen Signature 1. _____ 2. _____

