



FACT FIND

Once completed, simply click the **SUBMIT** button on the last page and this form will be set up to send to info@moneydoctors.ie. All you then have to do is press send.

You can then save the document directly, or find it in your sent mail to file in your preferred folder.

Client Name(s)

Date

Money Doctors

FINANCIAL PLANNING REVIEW

Confidential – for your eyes only

The purpose of this Fact Find is to clarify your financial needs and to assist you in ensuring you receive appropriate advice and recommendations, that 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

SELF

PARTNER

Name/s

Address

Monthly Rent

Telephone

Mobile

Email

Date of birth

(DD/MM/YYYY)

(DD/MM/YYYY)

Smoker

Yes

No

Yes

No

Health status

Well

Not Well

Well

Not Well

Family health

Well

Not Well

Well

Not Well

Marital status

2. About Your Family

Children's Names

Date of Birth
(DD/MM/YYYY)

School / College

Educational Fees Plans

Other Dependents

Maintenance

3. About Your Employment/Income

EMPLOYEE	SELF		PARTNER	
Profession/Trade				
Position				
Employer				
Address				
Years of Service				
Gross Salary	€	Per Ann um	€	Per Annum
Gross Bonus	€	Per Annum	€	Per Annum
Gross Commission	€	Per Annum	€	Per Annum
Gross Overtime	€	Per Annum	€	Per Annum
Gross Other	€	Description Per Annum	€	Description Per Annum
Gross Other	€	Description Per Annum	€	Description Per Annum
Net Income	€	Per Wk/Mth	€	Per Wk/Mth

PERSONAL BANK ACCOUNT DETAILS

Bank

Address

SELF EMPLOYEDSELF**PARTNER**

Business Name

Address

Nature of Business

Date Established (DD/MM/YYYY)

(DD/MM/YYYY)

Number of Employees

Percentage of Ownership

Job Title

Turnover	€	Per Annum	€	Per Annum
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Net Profit	€	Per Annum	€	Per Annum
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Gross Salary	€	Per Annum	€	Per Annum
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Gross Drawings	€	Per Annum	€	Per Annum
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Gross Bonus	€	Per Annum	€	Per Annum
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Gross Commission	€	Per Annum	€	Per Annum
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Gross Other	€	Description	€	Description
		Per Annum		Per Annum

Gross Other	€	Description	€	Description
		Per Annum		Per Annum

Net Income	€	Per Wk/Mth	€	Per Wk/Mth
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Last Tax Return	(DD/MM/YYYY)	(DD/MM/YYYY)
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Last Accounts	(DD/MM/YYYY)	(DD/MM/YYYY)
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Tax	Owed	Due	Owed	Due
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VAT/PRSI	Owed	Due	Owed	Due
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BANK ACCOUNT DETAILS

Bank

Address

4. Assets/Liabilities

PROPERTY (N.B. FOR MORE THAN 5 PROPERTIES, PLEASE USE MONEY DOCTORS PROPERTY PORTFOLIO FORM)

Address Current Value (€) Borrowings (€) Lender Interest Rate (%)

Net Value (€) Income (€) Repayments (€) Remaining Term
yrs

Property Type

Address Current Value (€) Borrowings (€) Lender Interest Rate (%)

Net Value (€) Income (€) Repayments (€) Remaining Term
yrs

Property Type

Address Current Value (€) Borrowings (€) Lender Interest Rate (%)

Net Value (€) Income (€) Repayments (€) Remaining Term
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Net Value (€) Income (€) Repayments (€) Remaining Term
yrs

Property Type

Address Current Value (€) Borrowings (€) Lender Interest Rate (%)

Net Value (€) Income (€) Repayments (€) Remaining Term
yrs

Property Type

BONDS/INVESTMENTS

Provider Type Current Value (€) Premium (€) Frequency Reference No.

EQUITIES (N.B. FOR MORE THAN 5 SHAREHOLDINGS, PLEASE USE MONEY DOCTORS FORM)

Share Name	Holding Value
Share Name	Holding Value
Share Name	Holding Value
Share Name	Holding Value
Share Name	Holding Value

CASH

Institution	Balance (€)	Interest Rate (%)
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OTHER ASSETS

Description	Institution	Interest Rate (%)	Value (€)	Balance	Income
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CREDIT CARDS

Name of Provider	Name of Card	Current Balance (€)	Current Limit (€)
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OTHER LIABILITIES (E.G. CAR LOAN)

Description	Institution	Interest Rate (%)	Value (€)	Balance	Monthly Repayment
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Car#1 (make/model)

Car#2 (make/model)

5. Insurances/Assurances

LIFE COVER

Company	Reference #	Type of Cover	Covered (€)	Monthly (€)	Date of Policy
				Term	yrs
				Term	yrs
				Term	yrs
				Term	yrs

HEALTH INSURANCE COVER (INCLUDING SERIOUS ILLNESS COVER / INCOME PROTECTION)

Company	Reference #	Type of Cover	Covered (€)	Monthly (€)	Renewal Date
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PENSIONS

Company	Reference #	Current Value (€)	Maturity Value (€)	Monthly (€)	Start Date
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PROPERTY INSURANCE

Company	Reference #	Buildings (€)	Contents (€)	Monthly (€)	Renewal Date
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OTHER INSURANCE (CAR INSURANCE, TRAVEL, GADGET, OTHER RISK INSURANCE)

Company	Reference #	Type	Monthly (€)	Renewal Date
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6. Professional Advisers

SOLICITOR

Name Of Firm

Address Of Firm

Name Of Contact

Contact Number

ACCOUNTANT

7. Will

Have you a will? Yes No

Location of Will

Executor/executrix

Solicitor

Witnessed by (2)

8. YOUR main priorities (1–10, with 1 being the highest priority)

ITEM	PRIORITY	ITEM	PRIORITY
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	

9. YOUR Financial Objectives

IMMEDIATE

MEDIUM TERM

LONG TERM

CONFIRMATION MUST BE GIVEN AT THE BOTTOM OF THIS PAGE BY THE CLIENT(S) AND ADVISER TO CONFIRM THE INFORMATION GIVEN IS CORRECT AND CONSENT IS GIVEN TO COMMUNICATE WITH AN OUTSIDE FINANCIAL PARTY

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

- I / we accept that the information that has been provided to Providence Finance Services Limited, Trading as Money Doctors may be retained by them, and used for the ongoing management of our business relationship.
- Where Money Doctors have been instructed to obtain on our behalf a financial product, appropriate parts of the information may be passed to a 3rd party supplier in support of the application / proposal.

Please refer to our Privacy Policy and Statement (GDPR May 2018) at this [link](#).

Communications with a client

As part of the process of fulfilling any requested product requirements Money Doctors trading as Providence Finance Services Limited may contact me / us at the email address, telephone 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.

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.

10. Confirmation

CLIENT CONFIRMATION

I confirm the information I have given is correct and give consent to my adviser communicating with an outside financial party.

	SELF		PARTNER	
	Yes	No	Yes	No
Tick to confirm				
Name				
Date	(DD/MM/YYYY)		(DD/MM/YYYY)	
ADVISER DETAILS				
Adviser Name			Date	(DD/MM/YYYY)

Once you have completed this form: