

What Me and My Family Should Know

READY REFERENCE:

SR.		Name	Office / Residence Address	Mobile / Contact Number
A	Family Doctor			
B	Specialist Doctor (if any)			
C	Tax Consultant / CA			
D	LIC / Medclaim Policy Agent			
E	Investment Advisor / Stock Broker			

DOCUMENTS DETAILS: (DOCUMENT TYPES - PAN No. / Aadhar Card / Driving license / Passport / Credit Cards / Debit - ATM Cards / Club Membership Record / Vehicle Details)

SR.	DOCUMENT HOLDER'S	DOCUMENT TYPE	DOCUMENT NUMBER	EXPIRY DATE
1				
2				
3				

LIFE INSURANCE POLICY DETAILS

Sr. No.	Name of Policyholder & Nominee	Policy No./ Policy Name / Insurance Co. / Branch	Sum Insured / Premium Rs. / Payment Frequency	Policy Start Date / Maturity Date
1	Policyholder	Policy No. -	Sum Insured -	Policy Start Date
		Policy Name -	Premium Rs. -	
	Nominee-	Insurance Co. -	Payment Frequency -	Maturity Date
		Branch -	MLY / QLY / HLY / YLY / ONE TIME	

HEALTH INSURANCE (MEDICLAIM) POLICY DETAILS

Sr. No.	Insurance Co. & Name of Policy	Policy No. / Start Date / End Date	Sum Insured / Premium Rs. / Type of Policy	TPA Details
1	Insurance Co.	Policy No.	Sum Insured -	TPA Name -
	Policy Name	Start Date	Premium RS. -	TPA Address -
		End Date	Type of Policy -	TPA Contact No. -
			Floater / Individual	

VEHICLE INSURANCE POLICY DETAILS

Sr.	Vehicle Details	Policy Details	Sum Insured / Premium Rs. / Type of	Insurance Company Details
1	Reg. No.	Policy No. -	Sum Insured -	Name of Insurance Co
	Model Name	Start Date -	Premium Rs. -	Contact No.
	Engine / Chasis No.	End Date -	Type of Policy -	Office Address

BANK ACCOUNT DETAILS (Regular Saving account / Pension account / PPF account)

Sr.	Bank Details	Account Holders Details	Operating Instructions	Specimen Signatures
1	Bank Name	1st Holder	SINGLE	
	Branch	2nd Holder	JOINTLY	
	Saving Account No.	3rd Holder	ANYONE / SURVIVOR	

FIXED DEPOSIT / RECURRING DEPOSIT / COMPANY DEPOSIT:

Sr.	FD / RD DETAILS	Account Holders Details & Operatng	Holding Pattern / Amount Invested /	Specimen Signatures
1	Bank Name & Address	1st Holder	Single / Jointly / Anyone or Survivor	
	FD / RD Account No.	2nd Holder	Amount Invested	
	Start & End Date	3rd Holder	Maturity Amount	

DEMAT & TRADING ACCOUNT DETAILS FOR INVESTMENT IN SHARES

SR.	DEMAT ACCOUNT	ACCOUNT HOLDER'S DETAILS	HOLDING PATTERN / DP CONTACT	SPECIMEN SIGNATURES
1	DEMAT ACCOUNT NO.	1st Holder	Single / Jointly / Anyone or Survivor	
	DP NAME -	2nd Holder	DP CONTACT NO.	

MUTUAL FUND INVESTMENT DETAILS:

Sr.	MUTUAL FUND DETAILS	Account Holders Details & Operatng	Holding Pattern / Amount Invested /	Specimen Signatures
1	Scheme Name	1st Holder	Single / Jointly / Anyone or Survivor	
	Folio No.	2nd Holder	Amount Invested	
	Type of Investment	3rd Holder		
	SIP / LUMPSUM			

LOAN (LIABILITIES) DETAIL

SR.	LOAN ACCOUNT DETAILS	LOAN APPLICANT DETAILS	LOAN TAKEN FOR / START DATE / END	LOAN AMOUNT / EMI RS.
1	LOAN ACCOUNT NO.	1st APPLICANT	LOAN TAKEN FOR	PRINCIPAL AMOUNT
	BANK NAME	2nd APPLICANT	LOAN START DATE	EMI RS.
	BANK CONTACT NO	3rd APPLICANT	LOAN END DATE	PERIOD

DEBIT & CREDIT CARD DETAILS

SR.	CARD DETAILS	BANK ACCOUNT DETAILS / LIMIT ON	ACCOUNT HOLDERS / PAYMENT DUE	SPECIMEN SIGNATURES
1	CARD NO.	LINKED TO BANK ACCOUNT NO.	1st Holder	
			2nd Holder	
	CARD TYPE	BANK NAME		
			Payment Due Date	
	CARD VALID TILL	CARD LIMIT		
			Interest Rate -	

WILL:

Will is executed on : _____ Copy of the will is kept at: _____

POWER OF ATTORNEY :

Power of Attorney executed for Wife/Son/Others

My Power of Attorney is _____

Deed Executed on: _____ POA Deed kept at: _____

MY DEBT / LIABILITIES :

(a) I am guarantor of Mr. _____ (Give Complete Details)

(b) I have borrowed from Mr. _____ (Give Complete Details)

(c) Other Liabilities if any: