

NGOBESE & ASSOCIATES FINANCIAL SERVICES CONSULTANCY

PERSONAL FINANCIAL ANALYSIS

STRICTLY CONFIDENTIAL

THUTHUKA NGOBESE

Date: _____

PERSONAL INFORMATION

CLIENT DETAILS

Surname: _____ First Name (s): _____ Initials: _____

Title: _____ Known As: _____ Maiden Name: _____ Salutation: _____

ID Number: _____ Date of Birth: _____ Desired Retirement Age: _____

Gender:

Male	Female
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 Smoker Type:

Non-Smoker	Smoker	<2 yrs	>2 yrs
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CONTACT DETAILS

TELEPHONE NUMBERS

E-MAIL ADDRESS

Home: _____ Business: _____ Primary E-mail: _____

Bus Fax: _____ Cellular: _____ Private/Other E-mail: _____

MISCELLANEOUS DETAILS

Company Name: _____ Sector: _____ Position: _____

Occupation: _____ Date Joined Company: _____ Qualification: _____

Tax Office: _____ Tax Number: _____

ADDRESS

Physical/Home: _____

Postal: _____

SPOUSE DETAILS

Surname: _____ First Name (s): _____ Initials: _____

Title: _____ Known As: _____ Maiden Name: _____ Salutation: _____

ID Number: _____ Date of Birth: _____ Desired Retirement Age: _____

Gender

Male	Female
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 Smoker Type

Non-Smoker	Smoker	<2 yrs	>2 yrs
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MARITAL STATUS

Wedding Date: _____

ANC	COP	ANC + ACCRUAL	LIVE IN	SINGLE	DIVORCE	WIDOWED	FIANCEE	OTHER
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Starting Values of Accrual (as per marriage contract)

CLIENT	R	SPOUSE	R
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Assets Excluded from Accrual

CLIENT	R	SPOUSE	R
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SPOUSE - CONTACT DETAILS

TELEPHONE NUMBERS

E-MAIL ADDRESS

Home: _____ Business: _____ Primary E-mail: _____

Bus Fax: _____ Cellular: _____ Private/Other E-mail: _____

Client Initials _____ Signature: _____

SPOUSE - MISCELLANEOUS DETAILS

Company Name: _____ Sector: _____ Position: _____

Occupation: _____ Date Joined Company: _____ Qualification: _____

Tax Office: _____ Tax Number: _____

DEPENDANTS

Surname	First Name	Known As	Initials	Date of Birth	Gender

WILLHave a Will: YES NO Where Will is kept: _____ Date of Will: _____

Executor(s): _____ Trustees: _____

Guardian (s): 1. _____ 2. _____ 3. _____

TAXABLE INCOME

Description	Amount
Total Cost to Company	R
Gross Value	R
Basic Salary	R
Cash Component	R
Medical Aid Benefit	R
Other _____	R
Other _____	R
Other _____	R
Other _____	R

CORPORATE BENEFITS**PENSION / PROVIDENT FUND**

Name of Fund: _____ Date Joined: _____ Yrs on Fund: _____

Fund Selection: Pension Provident Pensionable Salary: _____ Formula as % of Salary: _____

Employer Contribution (%): _____ Member Contribution (%): _____ Fund Retirement Age: _____

Disability Benefit: _____ or _____ % Death Benefit: _____ X Annual Salary Pensionable

CLIENT NEEDS / OBJECTIVES

Death	Amount	Duration
Spouse Income	R	
Child Income	R	
Child Income	R	
Child Income	R	
Child Income	R	
Capital Need i.e. Education	R	

Client Initials _____ Signature: _____

CLIENT NEEDS / OBJECTIVES

<i>Disability</i>	<i>Amount</i>	<i>Duration</i>
Pension	R	
Severe Illness/Dread Disease	R (Limit 4 mill)	

<i>Retirement</i>	<i>Amount</i>	<i>Duration</i>
Personal Income	R	
Capital Need	R	

BUDGET

Expense Description	Amount	Expense Description	Amount
Alimony	R	Savings & Investments	R
Bond Repayments	R	Retirement Savings	R
Rent Repayments	R	Pocket Money	R
Church & Charities	R		
Credit Card Repayments	R		
Domestic Salaries	R		
Garden Services	R		
Water & Lights	R		
Levies	R		
Telephone Account	R		
Cell phone Account	R		
School / Tertiary Fees	R		
Entertainment	R		
Petrol	R		
Vehicle Insurance	R		
Vehicle Maintenance	R		
Vehicle License Fees	R		
Vehicle Finance	R		
Home Insurance	R		
Home Supplies	R		
Travelling Expenses	R		
Unit Trusts	R		
VAT	R		
PAYE	R		
Home Renovations	R		
M-Net/DSTV/TV Licenses	R		
Internet	R		
Rates	R		
Medical Aid Subscriptions	R		
Life Insurance	R		
Funeral Cover	R		
Medical Fees	R		
Child Care	R		
Groceries	R		
Home Maintenance	R		
Student Loans	R		

ASSETS & LIABILITIES (Property/Household Effects)

Asset Description	Entry Date	Market Value	Outstanding Liability	Base Cost	% Realised (0%=Fixed), (E=Excl), C=Client, S=Spouse			Income	
			@ Retirement		Death	Disability	Ret	Description	Amount
<i>Fixed Property – Own house / Other Property</i>									
<i>Household Effects – Furniture / Jewellery / Computers / Boats / Caravans / Trailers</i>									
<i>Vehicles – Motor Vehicles / Other Vehicles</i>									

Client Initials _____ Signature _____

ASSETS & LIABILITIES (Liquid Investments/Loans)

Asset Description	Entry Date	Market Value	Outstanding Liability	Base Cost	% Realised (0%=Fixed), (E=Excl), C=Client, S=Spouse			Income	
			@ Retirement		Death	Disability	Ret	Description	Amount
<i>Liquid Investments – Savings / Fixed Deposits / Current Accounts / Notice Deposits / Subscription Shares / Participation Bonds / Gifts</i>									
<i>Loans – Overdrafts / Credit Cards / Personal Accounts</i>									

ASSETS & LIABILITIES (Business Interests)

Asset Description	Entry Date	Market Value	Outstanding Liability	Base Cost	% Realised (0%=Fixed), (E=Excl), C=Client, S=Spouse			Income	
			@ Retirement		Death	Disability	Ret	Description	Amount
<i>Business Interests – Employed / Sole Proprietor / Partnership / Close Corporation</i>									

Client Initials _____ Signature _____