



FULL FINANCIAL REVIEW

To begin, first download this form to your computer.

Once completed, please return to info@onequote.ie

Client Name(s)

Date

Adviser

FINANCIAL PLANNING REVIEW

The purpose of this Fact Find is to clarify your financial needs and to assist you in ensuring you receive appropriate advice and recommendations and that the right financial products are being or have been taken out including life assurance, serious illness cover, pensions, savings and investments requirements. Our Terms of Business and Privacy Policy are linked at the bottom of the email from which this document was sent and should you have any questions please contact us to discuss.

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 Annum	€	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 EMPLOYED/SELF**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 Per Annum	€	Description Per Annum
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Gross Other	€	Description Per Annum	€	Description Per Annum
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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
yrs

Property Type

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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
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
Budgetting & Cashflow Management		Regular Savings	
Mortgage Protection Insurance		Children's Savings Pensions Plans	
Life Insurance Serious Illness Protection		Post-retirement Investment Inheritance	
Income Protection		Tax Planning	

IMMEDIATE

MEDIUM TERM

LONG TERM

Investment Risk Assessment

- Please note that where any savings or investment plans are recommended resulting from this confidential fact find a separate online Risk Assessment must be completed.

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 **One Quote Financial Brokers** Limited, Trading as **One Quote** may be retained by them, and used for the ongoing management of our business relationship.
- Where **One Quote** 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).

Communications

As part of the process of fulfilling any requested product requirements One Quote Financial Brokers Limited trading as One Quote may contact me / us at the email address, and or telephone number provided.

Terms of Business

With this Fact Find, you will receive our Terms of Business – a document setting the terms under which we will provide advice, service and financial products.

10. Declaration

I/We confirm that this completed Fact Find is a true and fair account of my/our personal and financial circumstances at this date and I/We understand that any recommendation made to me/us will be based on the answers set out in this Fact Find. Once completed please either print and wet sign the Declaration below or return it without signing and we will return to you using our secure software for digital signatures.

SELF

Tick to confirm Yes No

Signature/s:

Date (DD/MM/YYYY)

ADVISER DETAILS

Adviser Signature

PARTNER

Tick to confirm Yes No

Signature/s:

Date (DD/MM/YYYY)

ADVISER DETAILS

Date (DD/MM/YYYY)