

MY ... FINANCIAL ORGANISER



My Financial Organiser

When it comes to financial decisions, information is power. We understand just how one small piece of information can influence your financial plans in the long run.

So, we want to help. With this organiser, you can collect and collate all your essential financial data in one place, handy and ready for you to access. It is easy to fill, and even easier to understand.

Keep everything you need handy and safe, and plan for a stable, growth-oriented and prosperous future.

Happy Organising!



Index

Section	Page
Personal Information	5
General Information	9
Contact Details	11
Personal Records	16
Financial Accounts	19
Notes	34



Personal Information

Name: _____

Name at Birth: _____

Date of Birth: _____ (DD/MM/YYYY) Time of Birth: _____ (HH:MM)

Place of Birth: _____

Nationality: _____

Blood Group: _____ Organ Donor: Yes/No Organ Donor ID: _____

Medical ailments (if any): _____

Allergies (if any): _____



Notes: _____

Personal Information

Present Address: _____

City: _____ **PIN:** _____ **State:** _____

Permanent Address: _____

City: _____ **PIN:** _____ **State:** _____

Landline No: _____ **Mobile No:** _____

Designation: _____

Office Address: _____

Office No: _____

PAN: _____

Aadhar No: _____

Ration Card No: _____



Notes: _____

Personal Information

Passport No.: _____ Valid Till: _____ (DD/MM/YYYY)

Driver's License No.: _____ Valid Till: _____ (DD/MM/YYYY)

Voter's ID Card No.: _____

Spouse's Name: _____ Blood Group: _____

Date of Birth: _____ (DD/MM/YYYY) Wedding Anniversary: _____ (DD/MM/YYYY)

Father's Name: _____

Date of Birth: _____ (DD/MM/YYYY) Blood Group: _____

Mother's Name: _____

Date of Birth: _____ (DD/MM/YYYY) Blood Group: _____



Notes: _____

Personal Information

First Child's Name: _____

Date of Birth: _____ (DD/MM/YYYY) Blood Group: _____

Second Child's Name: _____

Date of Birth: _____ (DD/MM/YYYY) Blood Group: _____

Emergency Contact

Name: _____ Contact No.: _____

(At Work) Name: _____

Contact No.: _____

(At School 1) Name: _____

Contact No.: _____

(At School 2) Name: _____

Contact No.: _____



Notes: _____

General Information

Residence Telephone No.: _____

Service Provider: _____ Helpline: _____

Gas Customer No.: _____

Service Provider: _____ Helpline: _____

Electricity Account No.: _____

Service Provider: _____ Helpline: _____

Water Account No.: _____ Helpline: _____

Internet Account No.: _____

Service Provider: _____ Helpline: _____

Set Top Box Subscriber ID: _____

Service Provider: _____

Helpline: _____



Notes: _____

General Information

Preferred Hospital

Contact Person: _____ Contact No.: _____

Address: _____

Closest Police Station

Contact Person: _____ Contact No.: _____

Address: _____

Emergency/Ambulance Helpline

Name: _____ No.: _____

Name: _____ No.: _____

Name: _____ No.: _____

Name: _____ No.: _____



Notes: _____

Contact Details

Financial Adviser

Name: _____

Contact No.: _____

Address: _____

Financial Adviser

Name: _____

Contact No.: _____

Address: _____

Notes: _____



Contact Details

Stock Broker

Name: _____

Contact No.: _____

Address: _____

Stock Broker

Name: _____

Contact No.: _____

Address: _____



Notes: _____

Contact Details

Chartered Accountant/Tax Consultant

Name: _____

Contact No.: _____

Address: _____

Chartered Accountant/Tax Consultant

Name: _____

Contact No.: _____

Address: _____



Notes: _____

Contact Details

Insurance Consultant

Name: _____

Contact No.: _____

Address: _____

Insurance Consultant

Name: _____

Contact No.: _____

Address: _____



Notes: _____

Contact Details

Family Doctor

Name: _____

Contact No.: _____

Address: _____

Family Dentist

Name: _____

Contact No.: _____

Address: _____



Notes: _____

Personal Records

Safe Storage

Bank 1: _____ Locker No.: _____

Key Location: _____

Bank 2: _____ Locker No.: _____

Key Location: _____

Digilocker Details

Other Storage



Notes: _____

Personal Records

Location for Other Records

Bank Passbooks: _____

Fixed Deposit Certificates: _____

Birth Certificates: _____

Marriage Certificates: _____

Tax records: _____

Accounting Records: _____

Property Title: _____

Car Title: _____

Other Title: _____

Power of Attorney: _____

Mortgage: _____

Keys: _____



Notes: _____

Personal Records

Will

Executor1: _____

Name: _____

Mobile Number: _____

Email ID: _____

Executor2: _____

Name: _____

Mobile Number: _____

Email ID: _____

Other Important Documents: _____



Notes: _____



Notes:



Notes:

Fixed Deposits/Post Office Deposits

[illegible]

Notes:



Notes:

Notes:

Financial Accounts

Other Insurance



Name of Company	Policy No.	Insured Amount	Maturity Date (DD/MM/YYYY)	Nominee

Notes: _____

**Annuities/NPS/VPF/PRAN
(Permanent Retirement Account
Number)**

[illegible]

Financial Accounts

Public Provident Fund



Bank and Branch

Account No.

Amount

Maturity Date
(DD/MM/YYYY)

Nominee

Notes:

Notes:

Financial Accounts



Property Details

Property Holder Name	Property Account Number	Address	Date of Purchase	Nominee

Notes: _____

[illegible]

31

Financial Accounts



Bonds

Name	Certificate Number	Nominee	In The Name of

Notes: _____

Financial Accounts

Gold and Other Assets



Details	Purchase Date	Amount

Notes: _____

Notes



SHRIJA FINSERV LLP, Off No, 17-18, 3rd floor
Ashta Siddhi Trade Center, Vijay Chowk Gorakhpur-273001



HDFC House, 2nd Floor, H.T. Parekh Marg,
165-166, Backbay Reclamation, Churchgate, Mumbai-400020

MUTUAL FUND INVESTMENTS ARE SUBJECT TO MARKET RISKS, READ ALL SCHEME RELATED DOCUMENTS CAREFULLY.

