

DETAILS WHICH MY FAMILY SHOULD KNOW

Comprehensive Financial & Personal information to help individuals and families take charge of the legacy of an individual in the event of disability or death.

Ask for editable file if required
Write us on agrasenfanserv@gmail.com



• INVESTMENTS • INSURANCE • NRI SERVICES • INCOME TAX & ESTATE PLANNING

Family FIDOK - Financial Information and Documents Organizer Kit - Agrasen Finserv Private Limited

Names of Family Members

Sr.No.	Couple Names	Dependent Children	Dependent Parents
1			
2			

Important Contacts for Family

Sr.No.	Particulars	Name of Contact	Mobile	Email	Address	Remarks
1	Self					
2	Spouse					
3	Family Doctor					
4	Financial Advisor					
5	Lawyer					
6	Chartered Accountant					
7	Office HR					
8	Others (Mention Name)					
9	Others (Mention Name)					

Bank Account Details (Bold bank name if net banking is active)

Sr. No.	A/C Holder Name	Bank Name & Branch	Account Number	Type of Account	Nominee/s	Registered Email	Registered Mobile
1							
2							
3							
4							
5							

Important Financial Documents

S.No.	Document	Name of Holder	Document Number	Doc Location (Physical)	Doc Location (Virtual)	Remarks
1	PAN Card					
2	Passport					
3	Aadhar Card					
4	Driving License					
5	Election card					
6	Will					
7	Birth Certificate					
8	Marriage Certificate					
9	Locker key					
10	Insurance Policies					
11	Property Papers					
12	Home Loan documents					
13	Cheque books					
14	Other Loan Documents					
15	Income Tax Returns					
16	Investment Documents					
17	Mediclaime health card					
18	Others (Mention Name)					
19	Others (Mention Name)					

Locker Details

Sr No	Bank Name & Branch	Bank Account Number	Locker No.	In the Name of	Code/Remarks	Nominee	Remarks
1							
2							

Online Passwords

S.N.	Login Kind	Person who is aware of Password	Remarks
1	Personal Email		
2	Password Manager		
3	Mobile Phone Unlock		

Life, Health and Other Insurance Policies - Basic details

Sr. No.	Type of Policy	Name of the policy	Policy No.	Name of the Covered	Amount Insured	Nominee	Advisor
1	Life						
2	Health						
3	Car						
4							
5							

Life, Health and Other Insurance Policies - Premium details

Sr. No.	Name of the policy	Policy No.	Valid Till	Premium (Rs.)	Premium Due date	Remarks
1						
2						
3						
4						
5						

Debit / Credit Card Details

Sr. No.	Cardholder Name	Card Type	Card Number	Linked Account	Registered Mobile No.	Valid Till	Remarks
1							
2							
3							
4							
5							

Property Details

S.N.	Property Name	Property Area	Name of Owners	Registration No.	Nominee (If Any)	Remarks
1						
2						

Liability details

S.N.	Bank/Lender	Type of liability	Amount	Terms	Remarks
1					
2					

Investment Account Details - Part 1

S.N	Investment Account Type	Platform	Account Holder Name	Agent / Advisor	Account No.	Nominee/s	Maturity
1	Mutual Funds						
2	Fixed Deposits						
3	Shares - Demat						
4	Public Providend Fund						
5	EPF						
6							
7							
6							

Investment Account Details - Part 2

S.N	Investment Account Type	Platform	Account Holder Name	Linked Bank	Regd. Mobile	Regd. Email	Remarks
1	Mutual Funds						
2	Fixed Deposits						
3	Shares - Demat						
4	Public Providend Fund						
5	Employee PF						
6							
7							
6							