

# 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!





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# 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: \_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

# 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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Financial Accounts

## Mutual Funds



Folio Number

Name of Fund

Applicant

Nominee

Total Amount  
Invested

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Financial Accounts

## Demat/Trading Account



Name

DP ID

Customer ID

Nominee

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Financial Accounts



## Bank Accounts

Name of Bank	Account No.	Customer ID	Type of Account	1 <sup>st</sup> Applicant	2 <sup>nd</sup> Applicant	Nominee

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Financial Accounts

## Fixed Deposits/Post Office Deposits



Name of Bank/PO

Certificate No.

Amount

Maturity Date  
(DD/MM/YYYY)

Nominee

In The Name of

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Financial Accounts



## Debit/Credit Cards

Name of Bank	Card No.	Expiry Date	Type (Debit or Credit)

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Financial Accounts

## Life Insurance



Name of Company

Policy No.

Insured Amount

Maturity Date  
 (DD/MM/YYYY)

Nominee

Beneficiary

Notes:

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# Financial Accounts

## Health Insurance



Name of Company

Policy No.

Insured Amount

End Date

Nominee

In The Name Of

Notes:

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# Financial Accounts

## Other Insurance



Name of Company

Policy No.

Insured Amount

Maturity Date  
(DD/MM/YYYY)

Nominee

Notes:

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# Financial Accounts

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



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

Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

# Financial Accounts

## Public Provident Fund



Bank and Branch

Account No.

Amount

Maturity Date  
(DD/MM/YYYY)

Nominee

Notes:

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# Financial Accounts

## Employee Provident/ Pension Fund



UAN	EPF/Pension Account Number	EPF Account Balance in Rs.	EPF Pension Scheme Membership	Nominee

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Financial Accounts



## Property Details

Property Holder Name	Property Account Number	Address	Date of Purchase	Nominee

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Financial Accounts



## Vehicle Details

Name and Model No.	Registration No.	Purchase Date	Dealer	Owner(s)

Notes:

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# Financial Accounts



## Bonds

Name

Certificate Number

Nominee

In The Name of

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# Financial Accounts

## Gold and Other Assets



Details

Purchase Date

Amount

Notes:

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# Notes

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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.

