

CLIENT BASIC NEEDS ANALYSIS

PERSONAL DETAILS

Full Name : _____ ID: _____
Full Name of Spouse: _____ ID: _____
Unmarried: Single ☐ Engaged ☐ Divorced ☐ Separated ☐ Widowed ☐ Permanent Live-in ☐
Married: ANC ☐ ANC with accrual ☐ Community of Property ☐ Customary Law ☐ Tenets of any religion ☐ other ☐
Date of Marriage : _____ is your Will in order: Yes ☐ No ☐
Residential Address : _____
Postal Code: _____
Postal Address (where should we send your mail?): _____
Postal Code: _____
Home : (_____) _____ Work : (_____) _____ CELL: _____
Fax : (_____) _____ Email : _____
Preferred method/s of communication: ☐ POST ☐ FAX ☐ EMAIL ☐ SMS Smoker Status : _____
Highest Level of Education : _____ Hazardous Pursuits : _____

YOUR BASIC NEEDS ANALYSIS

Current Assets : _____ Current Liabilities : _____
Death: Monthly : _____ Lump Sum : _____
Disability: Monthly : _____ Lump Sum : _____
Dread Disease: Monthly : _____ Lump Sum : _____
Retirement: Monthly : _____ Lump Sum : _____
Current Monthly Earnings : _____ Occupation : _____
Admin: _____% Supervisory: _____% Travel: _____% Manual Duties: _____%

BENEFICIARIES

Name: _____ Relationship: _____ DOB: _____ %: _____
Name: _____ Relationship: _____ DOB: _____ %: _____
Name: _____ Relationship: _____ DOB: _____ %: _____

BASIC NEEDS ANALYSIS SPOUSE

Current Assets : _____ Current Liabilities : _____
Death: Monthly : _____ Lump Sum : _____
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Retirement: Monthly : _____ Lump Sum : _____
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BENEFICIARIES

Name: _____ Relationship: _____ DOB: _____ %: _____
Name: _____ Relationship: _____ DOB: _____ %: _____
Name: _____ Relationship: _____ DOB: _____ %: _____

BROKERS ENQUIRY/APPOINTMENT

1. I/We do hereby allow Leon Durow of Wenle Property Investments CC t/a Cover Administration access to information on my/our portfolios with the different Life companies effective (*insert date*) _____ and, until I have given written authority, all ongoing fees will stay as they are.

OR

2. I/We hereby appoint Leon Durow of Wenle Property Investments CC t/a Cover Administration as my/our servicing broker effective (*insert date*) _____ and confirm that he is to receive all fees on my policy/ies.

Insurer + Policy Number/s (*if applicable*): _____

Thus done and signed at _____ on this _____ day of _____ 20____

Signature PRINCIPLE _____ Signature SPOUSE _____

THIS DOCUMENT HAS BEEN SENT ELECTRONICALLY, IF NOT PLEASE INITIAL _____