



KOLCAP KHAZANA

CLIENT MASTER

PAN No	<input type="text"/>	AADHAR No	<input type="text"/>
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NAME

EMAIL ID MOBILE

ADDRESS

FATHER NAME

MOTHER NAME OCCUPATION

NOMINEE NAME RELATION

DATE OF BIRTH dd/mm/yyyy ANNIVERSARY dd/mm/yyyy

SPOUSE NAME ANNUAL INCOME*

REFERRED BY

MOTOR INSURANCE YES NO

Vehicle#	Type	Registration No	Due Date	Insured Value	Insurance Company	Remarks
	<input type="checkbox"/> 2 Wheeler <input type="checkbox"/> 4 Wheeler					
	<input type="checkbox"/> 2 Wheeler <input type="checkbox"/> 4 Wheeler					
	<input type="checkbox"/> 2 Wheeler <input type="checkbox"/> 4 Wheeler					
	<input type="checkbox"/> 2 Wheeler <input type="checkbox"/> 4 Wheeler					
	Other					
	Other					

HEALTH INSURANCE YES NO

Family Size	Plan	Due Date	Insurance Company	Remarks

TERM PLAN YES NO

Plan	Coverage	Due Date	Insurance Company	Remarks

LIFE INSURANCE YES NO

Insured	Plan	Age of Insured	Due Date	Insurance Company	Remarks
<input type="checkbox"/> SELF					
<input type="checkbox"/> SPOUSE					
<input type="checkbox"/> CHILD 1					
<input type="checkbox"/> CHILD 2					

DEMAT YES NO

Depository Company	Folio No.	Remarks

INCOME TAX RETURN YES NO

Filed Upto <input type="text"/> dd/mm/yyyy	<input type="checkbox"/> With Us	<input type="checkbox"/> Thru CA	<input type="checkbox"/> Self	Remarks
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IAP YES NO

Speaker	Attended On	Remarks
	<input type="text"/> dd/mm/yyyy	