

Financial Management Questionnaire Form

Personal Details

Name: _____

Occupation: _____

Contact Number: _____

Email Address: _____

Income and Savings

Do you have a consistent income source? Yes No

Approximate annual income: _____

Do you save a portion of your income regularly? Yes No

Financial Management Practices

Do you maintain a financial plan or budget? Yes No

Have you consulted a financial advisor? Yes No

Investment Preferences

Do you invest in any of the following? (Check all that apply):

Real Estate

Stocks

Bonds

Mutual Funds

Table Section

Investment Type	Approximate Value	Time Period	Return Expectations
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Real Estate			
Stocks			
Bonds			
Mutual Funds			

Additional Comments

Provide any further details about your financial goals or concerns:
