

# FINANCIAL HEALTH QUESTIONNAIRE & CONSULTATION OUTCOMES

---

---

## SECTION 1: PERSONAL INFORMATION (POPIA COMPLIANT)

All information provided is strictly confidential and processed in accordance with the Protection of Personal Information Act (POPIA).

- Full Name: \_\_\_\_\_
  - ID Number/Date of Birth: \_\_\_\_\_
  - Email Address: \_\_\_\_\_
  - Contact Number: \_\_\_\_\_
  - Current Employment Status: \_\_\_\_\_
- 

## SECTION 2: FINANCIAL HEALTH OVERVIEW

Please provide an overview of your current financial standing:

| Financial Metric                       | Amount (ZAR) | Notes (e.g., Interest Rate, Maturity) |
|--|--------------|---------------------------------------|
| Monthly Net Income                     |              |                                       |
| Total Monthly Expenses                 |              |                                       |
| Total Debt (Credit Cards, Loans, etc.) |              |                                       |
| Emergency Fund Balance                 |              |                                       |
| Retirement Savings Total               |              |                                       |
| Other Investments/Assets               |              |                                       |

---

## SECTION 3: FINANCIAL WELLBEING & EMOTIONS

How do you currently feel about your financial situation? (Please tick the box that best represents your feelings)

- 😊 **Comfortable** (I feel secure and in control of my finances)
- 😟 **Anxious** (I worry about my finances and future stability)
- 😞 **Unhappy** (I am stressed or dissatisfied with my current financial state)

*Why do you feel this way towards your money? Please briefly explain:*

---

---

---

## **SECTION 4: SPECIAL AREAS OF EDUCATION & INFORMATION**

*Which of the following areas would you like to focus on? (Tick all that apply)*

- Budgeting & Cash Flow Management**
- Debt Management & Consolidation Strategies**
- Retirement Planning Principles**
- Tax Efficiency Education**
- Investment Vehicles & Asset Allocation**
- Estate Planning & Wills**
- Financial Risk Management (Insurance)**
- POPIA Compliance for Personal Data**

---

## **SECTION 5: DESIRED CONSULTATION OUTCOMES**

*What specific outcomes do you wish to achieve from this consultation?*

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

---

## **SECTION 6: PAYMENT INFORMATION**

A consultation fee of R500 is required upfront to facilitate the necessary preparatory research and analysis. Please make payment to the following account:

- **Bank:** Capitec Bank
- **Account Holder:** MR D M Hannaway
- **Account Number:** 2368224927

Proof of payment for the R500 consultation fee is required prior to the commencement of the consultation.

## **SECTION 7: LEGAL DISCLAIMERS & CONSENT**

### **POPIA DISCLAIMER & CONSENT**

By signing below, I hereby consent to the processing of my personal information as provided in this questionnaire for the purpose of the financial consultation. I understand that my information will be stored securely and will not be shared with third parties without my explicit consent, in accordance with the **Protection of Personal Information Act, No. 4 of 2013**. I acknowledge my right to access, correct, or object to the processing of my data.

### **FSCA DISCLAIMER (NOT FINANCIAL ADVICE)**

I acknowledge that the information and education provided during this consultation are for **informational and educational purposes only**. This consultation does **not constitute financial advice** as defined in the **Financial Advisory and Intermediary Services (FAIS) Act** or any other regulation under the **Financial Sector Conduct Authority (FSCA)** of South Africa. I understand that I am responsible for my own financial decisions and should consult a licensed Financial Services Provider (FSP) for specific investment advice.

---

**CLIENT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_