

Identifying particulars of the Business
Particulars of the primary contact person

Title: |_____ Initials: |_____ First Name: |_____

Surname: |_____

ID Number: |_____

Language Preference: |_____

Cell Phone Number: |_____

Job Title: |_____

Identifying particulars of the business
Particulars of the business

Trade name of the business: |_____

Registered name of the business: |_____

Identify the Business Growth Stage (1 – 9) |_____

(refer to 9 Stages of Business Growth document included) :

Registration number of the business: |_____

Date established: |_____

Business sector: |_____

Type of business entity:

Sole Proprietor |_____ Partnership |_____ Business Trust |_____

Private Company |_____ Incorporated Company |_____ Close Corporation |_____

If a company:

Associated or affiliated companies: |_____

Number of outlets: |_____

Physical address of the business: |_____

_____ Code: |_____

Internet address: |www|_____

E-mail address: |_____

Telephone number: |_____ Fax number: |_____

(with dialling code)

FINANCIAL FITNESS ASSESSMENT

Need	Ratings (1 – 5) 1 = Not important 2 = Take Note 3 = Important 4 = Very Important 5 = Most Important
-------------	---

1.	Business Continuity	
1.1	Continued existence of the business	
1.1.1	Buy and sell agreement	
	If more than one owner:	
	<ul style="list-style-type: none"> • Is there a buy and sell agreement that determines what should happen to the business if any one of the owners dies or becomes medically disabled? Yes / No • Is there sufficient life and disability cover to fund this agreement? Yes / No 	
	Note(s):	
	If an agreement exists:	
	<ul style="list-style-type: none"> • When was the last time the agreement was reviewed? 	
	Note(s):	
1.2	Personal Risks	
	<ul style="list-style-type: none"> • Do you have a will? Yes / No • If so, when was the last time it was reviewed? 	
	Note(s):	
	<ul style="list-style-type: none"> • Has there been any change in your circumstances since then? Yes / No • When was the last time that a comprehensive estate analysis was done for you? 	
	Note(s):	
1.3	Financial Risks	
1.3.1	Directors' loan accounts	
	<ul style="list-style-type: none"> • Is there any debit or credit loan account? Yes / No • If so, has provision been made for the settlement of it in the case of the death or disability of the owners concerned? Yes / No 	
	Note(s):	
1.3.2	Sureties (Contingent liabilities)	
	<ul style="list-style-type: none"> • Have any of the owners in their personal capacity stood surety for the debts of the business? Yes / No • If so, has provision been made for the settlement of it in the case of the death or disability of the owners concerned? Yes / No 	
	Note(s):	
1.3.3	Money due to the business	
	<ul style="list-style-type: none"> • Are there any debtors who regularly owe large amounts to the business? Yes / No 	
1.3.4	Money owed by the business	
	<ul style="list-style-type: none"> • Are there any long-term loans outstanding (e.g. mortgage bonds on land, buildings)? Yes / No • If so, has provision been made for the settlement of it in the case of the death or disability of the owners concerned? Yes / No 	
	Note(s):	
1.4	Risks with regard to employees	
1.4.1	Key person insurance	
	<ul style="list-style-type: none"> • Does the business have any plans ready for the financing of the replacement of key persons? Yes / No 	

Need	Ratings (1 – 5) 1 = Not important 2 = Take Note 3 = Important 4 = Very Important 5 = Most Important
1.4.2 <i>Restraint of trade</i>	
<ul style="list-style-type: none"> Does the business have any agreement ready to ensure that employees who resign do not begin with competitive businesses? Yes / No 	
1.5 Asset Protection	
1.5.1 <i>Personal</i>	
<ul style="list-style-type: none"> Do you have short-term insurance? Yes / No 	
Note(s):	
<ul style="list-style-type: none"> When was the last time it was reviewed? <1 year / > 1 year 	
Note(s):	
1.5.2 <i>Business</i>	
<ul style="list-style-type: none"> Are the assets of the business insured against fire and theft? Yes / No How often is the short-term insurance of the business reviewed? <1 year / > 1 year 	
Note(s):	
2 Wealth Creation	
2.1 Investment Advice	
<ul style="list-style-type: none"> Does the business invest money in the long term from time to time? Yes / No Are you familiar with all the various investment options for your business? Yes / No 	
Note(s):	
2.2 Asset Management	
Would you consider the following:	
<ul style="list-style-type: none"> Asset management for investment funds of R500 000 or more? Yes / No Trading of shares? Yes / No 	
Note(s):	
3. Employee Benefits	
3.1 Retirement funds (pension, provident and retirement annuity funds)	
<ul style="list-style-type: none"> Do you have retirement provision for yourself and all of your employees? Yes / No 	
Note(s):	
3.2 Medical Cover	
<ul style="list-style-type: none"> Does the business provide medical fund benefits to the employees? Yes / No 	
Note(s):	
3.3 Death and/or disability of Employees	
<ul style="list-style-type: none"> Are your employees' families/dependants financially secure in the event of death and/or disability of an employee? Yes / No 	

For the notice of the client:

The information that has been provided by you, will be applied to create a Financial Fitness Report. All information supplied, will be dealt with in the strictest confidence.

Name of client

Client signature:

.....
Date