



*Wealthcare*  
Securities Pvt. Ltd.  
*Relationship Beyond Investment*

# BLUE BOOK

AN EDITABLE RECORDKEEPING DOCUMENT

Curated for: \_\_\_\_\_

## Contents

Personal/Family Information .....	3
Important Contacts .....	5
Important Document Directory .....	7
financial Information .....	8
Real Estate Informatio.....	9
Investment Account.....	10
Insurance .....	13
Card Information.....	14
Legal .....	14
Digital Information .....	16
Security Questions.....	17

---

**HELPFUL HINT:** While this document seems long, not everyone will need to complete every field on every page. You may also be able to attach documents, or indicate where information is located, to save time in completing all fields.

**For example instead of entering Mutual funds and Share holdings details, you may mention NSDL/CDSL/CAS id as you receive the information on periodic basis.**

Once completed, keep in a secure location and make sure your estate executor or other responsible party knows this document exists.

## Personal/Family Information

Name			
Address			
City		State	
Date of Birth (use DD/MM/YYYY format)		Pin Code	
Aadhar Number		Pan Number	
Organ Donor: Yes/No		Organ Donor Id:	
Family			

### Spouse:

Name			
Date of Birth (use DD/MM/YYYY format)		Phone No.	
Aadhar Number		Pan Number	

### First Child:

Name			
Address			
City		State	
Date of Birth (use DD/MM/YYYY format)		Pin Code	
Aadhar Number		Pan Number	

### Second Child:

Name			
Address			
City		State	
Date of Birth (use DD/MM/YYYY format)		Pin Code	
Aadhar Number		Pan Number	

## Personal/Family Information (Contd...)

### Third Child:

Name			
Address			
City		State	
Date of Birth (use DD/MM/YYYY format)		Pin Code	
Aadhar Number		Pan Number	

### Other Dependent - Relationship:

Name			
Address			
City		State	
Date of Birth (use DD/MM/YYYY format)		Pin Code	
Aadhar Number		Pan Number	

## Important Contacts

### Advocate:

Name					
Address					
City		State		Zip Code	
Phone Number				Email ID	

### Landlord:

Name					
Address					
City		State		Zip Code	
Phone Number				Email ID	

### Financial Advisor:

Name					
Address					
City		State		Zip Code	
Phone Number				Email ID	
Website					

### Chartered Accountant/Tax Consultant:

Name					
Address					
City		State		Zip Code	
Phone Number				Email ID	

### Insurance Consultant:

Name					
Address					
City		State		Zip Code	
Phone Number				Email ID	

### Stock Broker:

Name					
Address					
City		State		Zip Code	
Phone Number				Email ID	

## Important Contacts (Contd...)

### Family Physician:

Name					
Address					
City		State		Zip Code	
Phone Number				Email ID	

### Specialist Physician - Specialty:

Name					
Address					
City		State		Zip Code	
Phone Number				Email ID	

### Specialist Physician - Specialty:

Name					
Address					
City		State		Zip Code	
Phone Number				Email ID	

### Family Dentist:

Name					
Address					
City		State		Zip Code	
Phone Number				Email ID	

### Other Contact:

Name					
Address					
City		State		Zip Code	
Phone Number				Email ID	

## Important Document Directory

### Family Documents:

Particulars	Self	Spouse
Passport Number		
Driver's License Number		
Birth Certificate		
Visa Information		
Marriage Certificate		
Voters ID Card number		
Digilocker Details		
Google drive/Dropbox id		

Particulars	Location	Other Location (if any)
Deeds/Titles to Property		
Life Insurance Document(s)		
Auto Insurance Document(s)		
Home Insurance Document(s)		
Health Insurance Document(s)		
Loan Document		
Retirement Benefit Statement(s)		
Investments and Fixed Deposits(s)		
Income Tax Returns		
Employer Benefits Information		

### Estate Planning:

Particulars	Location	Other Location (if any)
Will		
Living Will		
Power of Attorney		
Letter of Instruction		
Conditional power of attorney		

Other Documents	Location	Other Location (if any)

## Financial Information

### Bank Locker 1:

Location of Bank Locker Keys		Bank Locker Number	
Name of Bank			
Address		Phone	

### Bank Locker 2:

Location of Bank Locker Keys		Bank Locker Number	
Name of Bank			
Address		Phone	

### Savings Account:

Account Number		Account Holder	
Bank Name/Location		Website/Password	
Bank Phone		Mobile of operation	

### Other Account 1:

Savings Account			
Account Number		Account Holder	
Bank Name/Location		Website/Password	
Bank Phone		Mobile of operation	

### Other Account 2:

Savings Account			
Account Number		Account Holder	
Bank Name/Location		Website/Password	
Bank Phone		Mobile of operation	

### Lender:

Account Number/ Website/Passwords		Date of Loan (Use DD/MM/YY Format)	
Due Date		Amount of Loan	
Monthly Payment of		Quarterly Payment of	
Quarterly Payment of		Interest Rate	
Location of Statements		Collateral	

### Debtor:

Account Number/ Website/Passwords		Date of Loan (Use DD/MM/YY Format)	
Due Date		Amount of Loan	
Monthly Payment of		Quarterly Payment of	
Quarterly Payment of		Interest Rate	
Location of Statements		Collateral	



## Real Estate Information

### Property 1:

Loan Information (additional)		Type Of Property	
Property Owner		Property Value	
Legal Description			
Property Address			
Mortgage Owner		Phone	
Mortgage Owner Address			

### Property 2:

Loan Information (additional)		Type Of Property	
Property Owner		Property Value	
Legal Description			
Property Address			
Mortgage Owner		Phone	
Mortgage Owner Address			
Location of Statements/Website/ Passwords			
Account Number		Value as of	

### Movable Property:

Vehicle Name					
Model		Year		Purchase Date	
Owner				Registration No	
Vehicle (Additional)		Model		Year	
Vehicle Name					
Model		Year		Purchase Date	
Owner				Registration No	
Account Number		Account Owner		Value	

## Investment Account

CAS ID	
Registered Email ID	
Registered Mobile No.	
Account Owner	
Value	
Location of Statements/website/ passwords	
NSDL ID/ Email ID registered with the Registrars	

## Retirement Fund:

Location Of Statements/Website/ Passwords	
Account Number	

## Mutual Fund:

### Applicant:

Scheme Name			
Amount Invested		Nominee name	
Folio		Investment Date	

### Applicant:

Scheme Name			
Amount Invested		Nominee name	
Folio		Investment Date	

### Applicant:

Scheme Name			
Amount Invested		Nominee name	
Folio		Investment Date	

### Applicant:

Scheme Name			
Amount Invested		Nominee name	
Folio		Investment Date	

### Applicant:

Scheme Name			
Amount Invested		Nominee name	
Folio		Investment Date	

### Applicant:

Scheme Name			
Amount Invested		Nominee name	
Folio		Investment Date	

## Investment Account (Contd...)

Applicant:

Scheme Name			
Amount Invested		Nominee name	
Folio		Investment Date	

Applicant:

Scheme Name			
Amount Invested		Nominee name	
Folio		Investment Date	

Applicant:

Scheme Name			
Amount Invested		Nominee name	
Folio		Investment Date	

Applicant:

Scheme Name			
Amount Invested		Nominee name	
Folio		Investment Date	

Applicant:

Scheme Name			
Amount Invested		Nominee name	
Folio		Investment Date	

Applicant:

Scheme Name			
Amount Invested		Nominee name	
Folio		Investment Date	

Applicant:

Scheme Name			
Amount Invested		Nominee name	
Folio		Investment Date	

Applicant:

Scheme Name			
Amount Invested		Nominee name	
Folio		Investment Date	

Applicant:

Scheme Name			
Amount Invested		Nominee name	
Folio		Investment Date	

## Investment Account (Contd...)

### Bond/Fixed Deposits:

Issuer	Certificate No.	Face value	Maturity Value	In Name of	Interest Dates	Nominee	Remarks

### Stock Information:

Location of Statements/ Website/Passwords	
Stock Owner	
Website	

Name	Branch	Dp Id	Customer Id	E-mail	Mobile

### NPS/VPF/PRAN/Annuities/PPF

Company Name	Policy No. / Account No.	Amount	Maturity Date	Nominee

## Insurance

### Auto Insurance Policy:

Location of Documents			
Insurance Company		Agent's Name	
Policy Number		Agent's Phone Number	
Date Issued (use DD/MM/YYYY format)		Annual Premium	
Deductibles		Vehicles Insured	

### Auto Insurance Policy (Additional):

Location of Documents			
Insurance Company		Agent's Name	
Policy Number		Agent's Phone Number	
Date Issued (use DD/MM/YYYY format)		Annual Premium	
Deductibles		Vehicles Insured	

### Home Insurance Policy:

Location of Documents			
Policy Number		Date Issued (use DD/MM/YYYY format)	

### Office Insurance Policy:

Location of Documents			
Policy Number		Date Issued (use DD/MM/YYYY format)	

### Life Insurance Policy:

Location of Documents			
Policy Number		Date Issued (use DD/MM/YYYY format)	
Policy Owner		Insured	
Primary Beneficiary		Contingent Beneficiary	
Death Benefit		Annual Premium	
Cash Surrender Value		Type	

### Health Insurance:

Location of Documents			
Policy Number		Date Issued (use DD/MM/YYYY format)	
Policy Owner		Insured	
Individual/Floater		Annual Premium	
Exclusion		Member Covered	

### Critical Illness Insurance:

Location of Documents			
Policy Number		Date Issued (use DD/MM/YYYY format)	
Policy Owner		Insured	
Individual/Floater		Annual Premium	
Exclusion		Member Covered	

### Disability Insurance:

Location of Documents			
Policy Number		Date Issued (use DD/MM/YYYY format)	
Policy Owner		Insured	
Individual/Floater		Annual Premium	
Exclusion		Member Covered	

## Cards Informations

### Debit Cards:

Bank Name	Card No.	Expiry Date	Limit

### Credit Cards:

Bank Name	Card No.	Expiry Date	Limit

## Legal

Legal Services Provider		Company Phone	
Company Urlwebsite		Member Id	
Attorney Name		Attorney's Phone	

### Power of Attorney Information:

Agent		Phone	
Agent		Phone	

### Living Trust Information:

Agent		Phone	
Agent		Phone	

### Guardianship Information:

Location Of Documents			
Guardian		Phone	
Address			
City		State	
Phone Number			
Guardian (additional)		Phone	
Address			
City		State	
Phone Number			

## Legal (Contd...)

### Living Will Information:

Location of Statements			
Executor		Phone	
Co-executor		Phone	
Location			
Beneficiary Name			
Address		City	
		State	
		Pin Code	
Phone Number			
Beneficiary Name (additional)			
Address		City	
		State	
		Zip Code	
Phone Number			

### Executor Information:

Name			
Address		City	
		Zip Code	
Phone Number		State	

### Supplemental Information:

Business			
Type of Business		Amount Of Ownership	
Type of Ownership		Estimated Value	
Business Contact 1		Phone Number	
Business Contact 2		Phone Number	

### Additional Business Documents:

Document Name		Location	
Document Name		Location	
Document Name		Location	
Document Name		Location	
Document Name		Location	
Document Name		Location	

## Digital Information

Social Media:

**facebook**

Username	
Password	



Username	
Password	

**LinkedIn**

Username	
Password	

**OTHER**

Username	
Password	

**OTHER**

Username	
Password	



Primary Email Id	
Password	



Other Email Id	
Password	



Other Email ID	
Password	



Other Email ID	
Password	



Other Email ID	
Password	



## Security Questions

Particulars:

Security Question 1:	Answer

Security Question 2:	Answer

Security Question 3:	Answer

Particulars:

Security Question 1:	Answer

Security Question 2:	Answer

Security Question 3:	Answer

Particulars:

Security Question 1:	Answer

Security Question 2:	Answer

Security Question 3:	Answer

Particulars:

Security Question 1:	Answer

Security Question 2:	Answer

Security Question 3:	Answer

Particulars:

Security Question 1:	Answer

Security Question 2:	Answer

Security Question 3:	Answer

## About The Company

Wealthcare Securities Pvt Ltd as a part of Wealthcare Group (which constitutes of Mukesh Gupta, Shailesh Gupta, Ace Net Services Pvt. Ltd., and Wealthcare Securities Pvt. Ltd.), has 18 -year history of serving clients for the management of their finances.

1. We are a team of highly qualified individuals guiding you to achieve your financial goals via wide range of products- mutual funds, equity, fixed income products, insurance, PMS, AIF etc.
2. We also send across portfolio review reports periodically, so as to keep you updated about your investments.
3. We organize investor awareness program regularly
4. All our clients have their Dedicated relationship manager
5. As per the need of clients, we periodically monitor client's portfolio

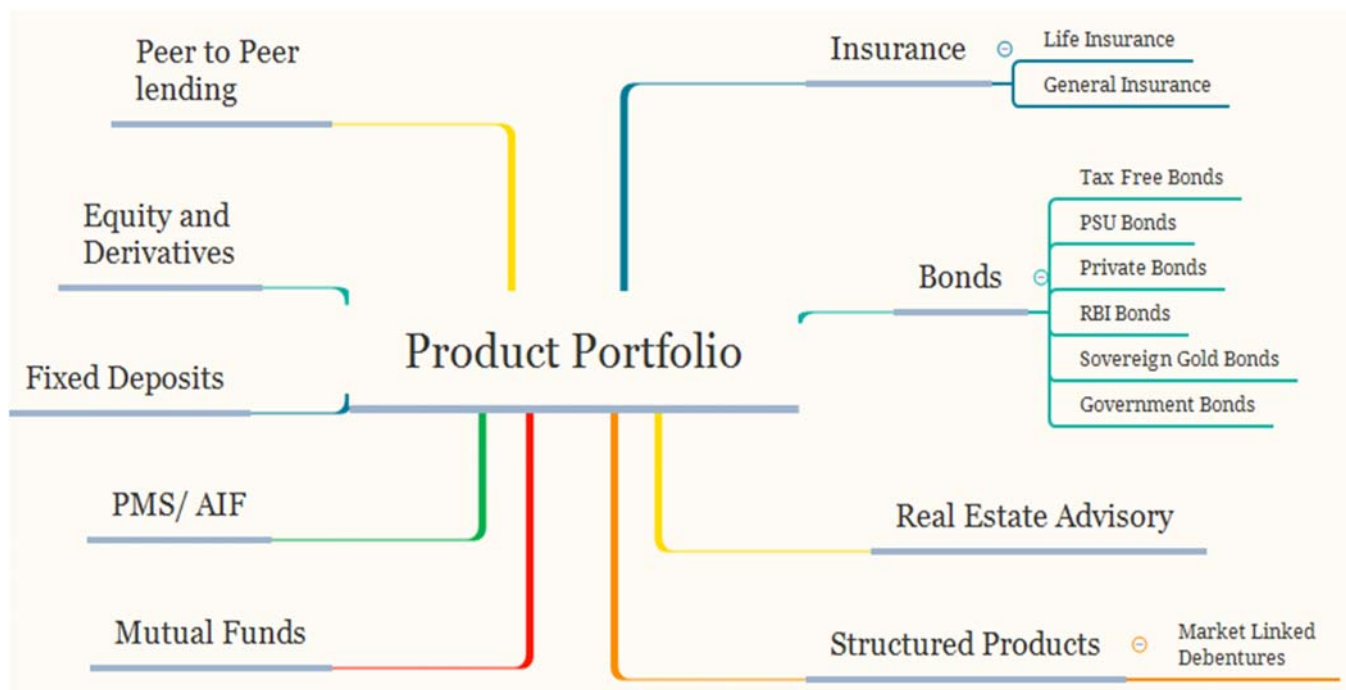
The foundation of Wealthcare group is being guided by single minded client centric approach

## About The Team

The team is a mix of professionals- MBAs, CFPs, CAs and CFAs. The group is led by Mr. Mukesh Gupta, promoter of Wealthcare Securities. He is CFP, FCA, CPFA. He has more than 25 years of experience in wealth management and financial planning.

## Products We Deal In

Depending upon the need and suitability, we offer following financial products:



For any queries or suggestions,  
mail to us at [service@wealthcareindia.com](mailto:service@wealthcareindia.com) or call us at 9599866368



**Wealthcare**  
Securities Pvt. Ltd.  
*Relationship Beyond Investment*

Contact : 09810184368

+91-9582012572

Address : A54-A, Lower Ground Floor, Lajpat Nagar-II, New Delhi-110024  
Tel Nos. 011-46575550 (Five Lines), 011-29841623  
E-mail : [sales@wealthcareindia.com](mailto:sales@wealthcareindia.com) | Website : [www.wealthcareindia.com](http://www.wealthcareindia.com)

Mobile app  
**Wealthcareindia**

Available At :

