

2025



CLIENT FILE: In Case Of Emergency



Financial Adviser
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Important details

Should the unthinkable happen, make sure you equip your loved ones with all the information they may need to in order to settle your affairs.

Include copies of the following relevant documents:

Your ID

Your Spouses ID

Marriage Certificate

Divorce Certificate

Settlement agreement

Maintenance agreement

Title Deeds

Certificates

Account Statements

Please note this document is not a will and testament, you should still have a separate will and testament drafted with your final wishes. This document simply allows family and loved ones to assist and locate important information once you have passed on.

As this document contains personal and confidential information ensure it is securely stored and out of reach of opportunists.

Personal Details

Full Name	<input type="text"/>
Surname	<input type="text"/>
ID no.	<input type="text"/>
Home contact number	<input type="text"/>
Work contact number	<input type="text"/>
Mobile contact number	<input type="text"/>

Married

Present Surname	<input type="text"/>	
Previous Surname	<input type="text"/>	
Community of property <input type="checkbox"/>	ANC with accrual <input type="checkbox"/>	ANC excluding accrual <input type="checkbox"/>

Spouse's Personal Details

Full Name	<input type="text"/>
Surname	<input type="text"/>
ID no.	<input type="text"/>
Home contact number	<input type="text"/>
Work contact number	<input type="text"/>
Mobile contact number	<input type="text"/>

If previously married and divorced

Ex- partners Full Name	<input type="text"/>
Surname	<input type="text"/>
Home contact number	<input type="text"/>
Work contact number	<input type="text"/>
Mobile contact number	<input type="text"/>

Next of kin

Full Name & Surname	Contact no.
1. <input type="text"/>	<input type="text"/>
2. <input type="text"/>	<input type="text"/>
3. <input type="text"/>	<input type="text"/>
4. <input type="text"/>	<input type="text"/>

Children

Children Full Name & Surname	Contact no.
1. <input type="text"/>	<input type="text"/>
2. <input type="text"/>	<input type="text"/>
3. <input type="text"/>	<input type="text"/>
4. <input type="text"/>	<input type="text"/>

Children's Legal Guardian

Full Name & Surname	ID no.	Contact no.
1. <input type="text"/>	<input type="text"/>	<input type="text"/>
2. <input type="text"/>	<input type="text"/>	<input type="text"/>

3.	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>

Domestic staff

Full Name & Surname		Contact no.
1.	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>

Contacts

Relationship	Name	Contact no. or email address
Doctor	<input type="text"/>	<input type="text"/>
Lawyer	<input type="text"/>	<input type="text"/>
Financial Adviser	<input type="text"/>	<input type="text"/>
Private Banker	<input type="text"/>	<input type="text"/>
Accountant	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Medical Aid and Medical details

Medical Aid	<input type="text"/>
Member Number	<input type="text"/>
Medical Aid Scheme	<input type="text"/>
Blood Group Type	<input type="text"/>
Do you have a Living Will?	<input type="text"/>
Ensure a copy of the Living Will is included in this file	

Financial Details

Where possible include a copy of the agreement, latest registration renewal or policy documents in this file.

Detail	Company	Policy/ Ref. number
TAX Number	SARS	
Bank Account		
Home Bond		
Household insurance		
Car Finance		
Vehicle insurance		
Personal Loans		
Long Term Investments		
Retirement Annuities		
Pension Fund		
Provident Fund		

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Passwords and login details

Device/ institute	User name/ account number	Password
Laptop/ PC		
Mobile phone		
Online banking		

Additional notes

Document any additional details which may not be listed above.

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Full Name	<input type="text"/>
Signature	<input type="text"/>
Date	<input type="text"/>

As witness:

Full Name	<input type="text"/>
Signature	<input type="text"/>
Date	<input type="text"/>

Check list – copies of documents to keep with your emergency file.

Personal:

- Certified ID copy
- Marriage certificate
- Divorce order and agreement
- Birth certificates/ copies of ID's of minors
- Copy of a bank/ credit card statement
- Copy of your SARS Tax reference
- HR agreements/ benefit statement or contact details of employer for group benefits
- Statement/ proof of Medical aid cover

Assets and liabilities:

- Property deeds
- Bond agreements
- Vehicle registration papers
- Lease agreements
- Municipal accounts
- Levy statement
- HP agreements

- Firearm license

Insurance and Investments:

- Life policies
- Investment statements
- Unit trusts
- Offshore investments
- Shares
- Short term insurance policies
- Funeral cover

Will and testament:

- Valid South African Will and Testament