

2020

What my family should know?

E-book

This E-book contains a detailed checklist highlighting all the financial and non-financial information my family should know about along with a draft format of Will

CA Ujwal Thombre
Email ID: ujwal.thombre@nexcel.co.in |(M) +91 9920534125



WHAT MY FAMILY SHOULD KNOW?

Reference Document

CA Ujwal ThombreEmail ID: ujwal.thombre@nexcel.co.in |(M) +91 9920534125**1. Personal Details / Information:**

Name	Home Address	Office Address	Landline No.	Mobile No.	Email ID
a. Self					
b. Spouse					
c. First Child					
d. Second Child					
e. Father					
f. Mother					
g. Daughter-in-law					
h. Son-in-law					
i. Brother					
j. Brother's Wife					
k. Sister					
l. Sister's Husband					
m. Parental Uncle - 1					
n. Parental Aunt - 1					
o. Parental Uncle - 2					
p. Parental Aunt - 2					
q. Maternal Uncle - 1					
r. Maternal Aunt - 1					
s. Maternal Uncle - 2					
t. Maternal Aunt - 2					
u. Father-in-law					
v. Mother-in-law					
w. Brother-in-law					
x. Sister-in-law					

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Name	Home Address	Office Address	Landline No.	Mobile No.	Email ID
a.					
b.					
c.					
d.					
e.					
f.					
g.					
h.					
i.					
j.					
k.					
l.					
m.					
n.					
o.					
p.					
q.					
r.					
s.					
t.					
u.					
v.					
w.					
x.					
y.					
z.					

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3. Doctors and Hospitals Details & Information:

Name	Home Address	Office Address	Landline No.	Mobile No.	Email ID
a. Family Doctor					
b. Alternate Family Doctor					
c. Consulting Physician					
d. Gynecologist					
e. Heart Specialist					
f. Nephrologist					
g. Neurologist					
h. Physiotherapist					
i. Psychiatrist					
j. Orthopedic Doctor					
k. Nearby Hospital - 1					
l. Nearby Hospital - 2					
m. Nearby Hospital - 3					
n. Nearby Hospital - 4					
o.					
p.					
q.					
r.					
s.					
t.					
u.					
v.					
w.					

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Name	Home Address	Office Address	Landline No.	Mobile No.	Email ID
a. Chartered Accountant - 1					
b. Chartered Accountant - 2					
c. Company Secretary = 1					
d. Company Secretary = 2					
e. Cost Accountant - 1					
f. Cost Accountant - 2					
g. Tax Consultant - 1					
h. Tax Consultant - 2					
i. Tax Counsel - 1					
j. Tax Counsel - 2					
k. Advocate -1					
l. Advocate - 2					
m. Solicitor - 1					
n. Solicitor -2					
o. Legal Counsel - 1					
p. Legal Counsel - 2					
q.					
r.					
s.					
t.					
u.					
v.					
w.					
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5. Life Insurance (LI) Agents Details & Information:

Name	Home Address	Office Address	Landline No.	Mobile No.	Email ID
a. LI Agent - 1					
b. LI Agent - 2					
c. Life Insurance Corp.					
d. Life Insurance Co.					
e.					

6. General Insurance (GI) Agents Details & Information:

Name	Home Address	Office Address	Landline No.	Mobile No.	Email ID
a. GI Agent - 1					
b. GI Agent - 2					
c. National Insurance Co.					
d. New India Assurance Co.					
e. Oriental Insurance Co.					
f. United India Insurance Co.					
Other Insurance Companies:					
a.					
b.					
c.					
d.					

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7. Financial, Investment, Mutual Fund, Shares & Securities Brokers & Consultants Details & Information:

Name	Home Address	Office Address	Landline No.	Mobile No.	Email ID
Financial Consultants:					
a.					
b.					
c.					
d.					
e.					
Investment Consultants:					
f.					
g.					
h.					
i.					
j.					
Mutual Consultants:					
k.					
l.					
m.					
n.					
o.					
Shares Brokers:					
p.					
q.					
r.					
s.					
t.					

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8. Important / Leading / Prominent Clients & Customers Details & Information:

Name	Home Address	Office Address	Landline No.	Mobile No.	Email ID
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
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23.					
24.					
25.					
26.					

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9. Important / Leading / Prominent Sellers & Vendors Details & Information:

Name	Home Address	Office Address	Landline No.	Mobile No.	Email ID
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
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17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					

10. Documents Details & Information:

Sr. No.	Particulars	Document Number	Expiry Date	Location
1	Aadhar Cards: 1. 2. 3. 4.			
2	ATM Card: 1. 2. 3. 4.			
3	Club Membership: Professional Others			
4	Credit Card: 1. 2. 3. 4.			
5	Vehicle Documents: 1. 2. 3. 4.			
6	Driving License: 1. 2. 3. 4.			

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7	Income Tax (Permanent Account Number – PAN) 1. 2. 3. 4.			
8	Passports: 1. 2. 3. 4.			
9	Ration Card: 1. 2. 3. 4.			
10	TDS (Tax Deduction at Source) No. 1. 2. 3. 4.			
11				
12				
13				
14				
15				
16				
17				
18				

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CA Ujwal ThombreEmail ID: ujwal.thombre@nexcel.co.in |(M) +91 9920534125**11. Vehicle Details & Information:**

Sr. No.	Car Model	Name of the Owner	Invoice No. & Date	Invoice Value	Location of Car Papers
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

12. Vehicle Insurance Policy Details & Information:

Sr. No.	Name of Vehicle	Model Name	Model No.	Engine No.	Chassis No.	Mfg. Year	CC	Nominee/s	Agent Name & Mobile No.
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									

13. Location of Important Documents Details & Information:

Sr. No.	Description of Document	Location of Documents
1	Wills& Codicils: 1. Self: 2. Spouse: 3. First Child: 4. 2 nd Child:	
5	Insurance Policies: 1. Factory Insurance: 2. Godown Insurance: 3. Home Insurance: 4. Life Insurance: 5. Mediclaim Insurance: 6. Office Insurance: 7. Personal Accident: 8. Top Up Mediclaim Insurance: 9. Vehicle Insurance:	
6	Property Agreements & Records: 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12.	

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7	Birth Certificates: 1. Self: 2. Spouse: 3. First Child: 4. Second Child:	
8	Marriage Certificates: 1. Self & Spouse: 2. First Child: 3. Second Child:	
9	Domicile Certificates: 1. Personal: 2. Spouse: 3. First Child: 4. Second Child:	
10	Director's Identification No.: 1. Personal: 2. Spouse: 3. First Child: 4. Second Child:	
11	Important Agreements: 1. 2. 3. 4. 5.	
12	Other Important Papers: 1. 2. 3. 4. 5.	

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Sr. No.	Name of Policy Holder	Name of Nominee/s	Policy No. / Issuing Office	Amount Insured	Issue / Date of Last Payment / Maturity Date	Table & Term	Premium	Remarks
Self:								
1								
2								
3								
4								
5								
Spouse:								
1								
2								
3								
4								
5								
First Child:								
1								
2								
3								
4								
5								
Second Child:								
1								
2								
3								
4								
5								

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CA Ujwal ThombreEmail ID: ujwal.thombre@nexcel.co.in |(M) +91 9920534125**15. Mediclaim Insurance Policies Details & Information:**

Sr. No.	Name of Insured	Name & Type of Policy	Policy No. / Previous Policy No.	Amount Insured	Issue / Maturity Date / Valid Till	Premium	Remarks
Normal Mediclaim Policy:							
1	Self:						
2	Spouse:						
3	First Child						
4	Second Child						
Top-up Mediclaim Policy:							
1	Self:						
2	Spouse:						
3	First Child						
4	Second Child						

16. Other Insurance Policies Details & Information:

Sr. No.	Name & Type of Policy	Name of Insured	Policy No. / Previous Policy No.	Amount Insured	Issue / Maturity Date / Valid Till	Premium	Remarks
1	Burglary Insurance						
2	Factory Insurance:						
3	Fire Insurance						
4	Godown Insurance:						
5	Home Insurance:						
6	Office Insurance:						
7	Personal Accident:						

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17. Bank Accounts Details & Information:

Sr. No.	Bank Name, Branch & Address	Name of the Account Holder	Type of Account	Operating Instructions	Nominee/s	Specimen Signature
1						
2						
3						
4						
5						
6						
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11						
12						
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21						
22						
23						
24						
25						

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18. ***Fixed Deposits with** _____ **(Name of Bank & Branch),**
Address of the Bank _____
Tele. No.: Landline: +91 _____ **Mobile No.: +91** _____ **Email ID:** _____

Sr. No.	Fixed Deposit Receipt No.	Date of Deposit	Favouring – In Whose Name	Amount In Rupees	Due / Maturity Date	Operating Instructions	Name of Nominee/s	Specimen Signature	Loan / Overdraft Availed
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
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17									
18									
19									
20									

***One may use this Sheet on Fixed Deposits with Banks separately for each Bank.**

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Reference Document

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19. ***Recurring Deposits with _____ (Name of Bank & Branch),****Address of the Bank: _____****Tele. No.: Landline: +91 _____ Mobile No.: +91 _____ Email ID: _____**

Sr. No.	Fixed Deposit Receipt No.	Date of Deposit	Favouring – In Whose Name	Amount In Rupees	Due / Maturity Date	Operating Instructions	Name of Nominee/s	Specimen Signature	Loan / Overdraft Availed
1									
2									
3									
4									
5									
6									
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17									
18									
19									
20									

***One may use this Sheet on Recurring Deposits with Banks separately for each Bank.**

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Sr. No.	Name & Address of Company	Fixed Deposit Receipt No.	Date of Deposit	Favouring – In Whose Name	Amount In Rupees	Due / Maturity Date	Operating Instructions	Name of Nominee/s	Specimen Signature	Loan / Overdraft Availed
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
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21										
22										
23										
24										

21. Shares of Private / Closely (Unlisted) Held Public Limited Companies Details & Information:

Sr. No.	Name & Address of Company	No. of Equity / Preference Shares	Demat Account No.	Demat Bank Details	Demat Statement Location	Held Singly / Jointly	Date of Acquisition / Purchase	Book / Invoice Value
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								

22. Shares of Public (Listed) Limited Companies Details & Information:

Sr. No.	Name & Address of Company	No. of Equity / Preference Shares	Demat Account No.	Demat Bank Details	Demat Statement Location	Held Singly / Jointly	Date of Acquisition / Purchase	Book / Invoice Value
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								

23. Bonds & Debentures Private / Closely (Widely) Held Public Limited Companies Details & Information:

Sr. No.	Name & Address of Company	No. of Equity Bonds / Debentures	Demat Account No.	Demat Bank Details	Demat Statement Location	Held Singly / Jointly	Date of Acquisition / Purchase	Book / Invoice Value
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								

24. Bonds & Debentures Public Limited Companies Details & Information:

Sr. No.	Name & Address of Company	No. of Equity Bonds / Debentures	Demat Account No.	Demat Bank Details	Demat Statement Location	Held Singly / Jointly	Date of Acquisition / Purchase	Book / Invoice Value
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								

25. Units of Mutual Fund Details & Information:

Sr. No.	Name & Address of Mutual Fund Company	No. of Units	Demat Account No.	Demat Bank Details	Demat Statement Location	Held Singly / Jointly	Date of Acquisition / Purchase	Book / Invoice Value
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								

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Sr. No.	Name & Address of Borrower	Loan Amount	Rate of Interest in %	Duration of Loan	Whether Secured / Unsecured	Details of Security Taken
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						

Other Assets Details & Information:**27. Details & Information of Debtors & Miscellaneous Dues:**

Sr. No.	Name & Address of Debtors	Nature of Debt	Due Date	Rate of Interest , if any	Whether Business Debt or Personal	Nature of Security, if any	Any Document like Agreement or Negotiable Instruments Executed / Signed
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							

28. Furniture & Fixtures and Electric Appliances Details and Information

[illegible]

29. Lockers Details & Information:

Sr. No.	Bank Name, Address & Branch	Locker No.	In the Name of	Code	Rent (In Rs.)	Rent Renewal Date	Nominee	Contents
1								
2								
3								
4								

30. Public Provident Fund (PPF) Details & Information:

Sr. No.	Bank Name, Address & Branch	Favouring	PPF Account No.	Maturity Date	Nominee/s
1					
2					
3					
4					

31. Pension Accounts Details & Information:

Sr. No.	Bank Name, Address & Branch	Type of Account & Pension Account Number	Operating Instructions	Pension Payment Order No.	Nominee/s	Due Date for Live Certificate	Signature
1							
2							
3							
4							

Jewellery Details& Information:**32. Diamond Jewellery Details & Information:**

Sr. No.	Description of Jewellery	Weight in Carat	Name & Address of the Vendor	Invoice No	Invoice Date	Invoice Value.	Contact No. of the Vendor	Remarks
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								

33. Gold Jewellery Details & Information:

Sr. No.	Description of Jewellery	Weight in Grams	Name & Address of the Vendor	Invoice No	Invoice Date	Invoice Valu3.	Contact No. of the Vendor	Remarks
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								

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34. Silver Jewellery Details & Information:

Sr. No.	Description of Jewellery	Weight in Grams	Name & Address of the Vendor	Invoice No	Invoice Date	Invoice Valu3.
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						

35.ATM Cards Details & Information:

Sr. No.	Name	SB A/C No. / Bank & Branch	ATM Card No.	Issue Date	Valid Through	CVV No.	Remarks
1							
2							
3							
4							

36. Debit Cards Details & Information:

Sr. No.	Name	SB A/C No. / Bank & Branch	Debit Card No.	Issue Date	Valid Through	CVV No.	Remarks
1							
2							
3							
4							

37. Credit Cards Details & Information:

Sr. No.	Name	SB A/C No. / Bank & Branch	Credit Card No.	Issue Date	Valid Through	CVV No.	Remarks / *T - PIN
1							
2							
3							
4							

*'T' means Transaction

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Sr. No.	Name	Father's / Husband's Name	PAN Card No. / Issue Date	Contact Details
1				
2				
3				
4				

39. TDS (Tax Deducted at Source) Cards Details & Information:

Sr. No.	Name	Father's / Husband's Name	TDS Card No. / Issue Date	Contact Details
1				
2				
3				
4				

40. DIN (Director Identification Number) Details & Information:

Sr. No.	Name	Father's / Husband's Name	DIN Card No. / Issue Date	Contact Details
1				
2				
3				
4				

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41. Passport Details & Information:

Sr. No.	Name	Passport No.	Issue Date	Expiry Date	Issuing Authority	Previous Passport Details
1						
2						
3						
4						

42. Electricity Details & Information:

Sr. No.	Name	House / Office Details	Meter No.	Customer No.	Deposit Amount (In Rs.)	Remarks
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						

43. Gas Pipe Line Details & Information:

Sr. No.	Name	House / Office Details	Meter / Route No.	Customer / Khata No.	Deposit Amount (In Rs.)	Remarks
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

44. Gas Cylinder Agency Service Details & Information:

Sr. No.	Name	House / Office Details	Consumer No.	IOC Sr. No.	Deposit Amount (In Rs.)	Remarks
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

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45. Telephone Landlines Details & Information:

Sr. No.	Name of Telephone Company	Name of Customer	House / Office Details	Phone No.	Customer ID /Account No.	Deposit Landline / Broadband WIFI Rs.	Remarks
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

46. Mobile Phone Details & Information:

Sr. No.	Name of Telephone Company	Name of Customer	Phone No.	Customer ID / Account No.	Deposit Amount in Rs.	Tariff Plan	Remarks
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

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47. Driving License Details & Information:

Sr. No.	Name	Driving License No. / Licensing Authority	Issue Date / CDOI	Valid From	Valid Till	Remarks / Blood Group
1						
2						
3						
4						

48. Ration Card Details & Information:

Sr. No.	Name	Ration Card No. Issuing Authority	Issue Date	Remarks
1				
2				
3				
4				

49. Aadhar Cards Details & Information:

Sr. No.	Name	Aadhar Card No. / Enrolment No.	Issue Date	Remarks
1				
2				
3				
4				

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CA Ujwal ThombreEmail ID: ujwal.thombre@nexcel.co.in |(M) +91 9920534125**50.Election Identity Card Details & Information:**

Sr. No.	Name	Father's / Husband's Name	Identity Card No.	Issue Date

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51. *House Property Details & Information: - *One may use this Sheet on House Property separately for each Property.

Sr. No.	Description	Details
1	Property Details	
2	Property held in the Name of	
3	Mode of Acquisition (How Acquired) – whether inherited / purchased / received as Gifts	
4	If Loan taken: Loan Amount Rate of Interest Name & Address of the Bank / Finance Company Equated Monthly Instalment Outstanding Amount	
5	Property Registration No.	
6	Share Certificate No.	
7	Nominee/s, if any	
8	Property Card No.	
9	Property Card Valid up to	
10	Property Tax	
11	Next Due Date of Property Tax	
12	Property Insurance Details: Name of Insurance Company: Insurance Policy No.: Amount of Insurance: Amount of Premium: Due Date for Premium Payment:	
13	Risks covered	
14	Mortgage with Bank (Name, Address & Branch) / Housing Finance Company (Name & Address)	
15	Location / Place of Documents	

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52. *Commercial / Industrial / Office Property Details & Information: *One may use this Sheet on Com / Ind / Resi Property separately for each Property.

Sr. No.	Description	Details
1	Property Details	
2	Property held in the Name of	
3	Mode of Acquisition (How Acquired) – whether inherited / purchased / received as Gifts	
4	If Loan taken: Loan Amount Rate of Interest Name & Address of the Bank / Finance Company Equated Monthly Instalment Outstanding Amount	
5	Property Registration No.	
6	Share Certificate No.	
7	Nominee/s, if any	
8	Property Card No.	
9	Property Card Valid up to	
10	Property Tax	
11	Next Due Date of Property Tax	
12	Property Insurance Details: Name of Insurance Company: Insurance Policy No.: Amount of Insurance: Amount of Premium: Due Date for Premium Payment:	
13	Risks covered	
14	Mortgage with Bank (Name, Address & Branch) / Housing Finance Company (Name & Address)	
15	Location / Place of Documents	

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Sr. No.	Type of Plot	Plot Area in Sq. Mts.	Location	Survey No.	Plot No.	Price / Value	Agreement Dated	Stamp Duty & Date of Franking	Date of Registration & Its Charges	Property Card Details
Agricultural:										
1										
2										
3										
4										
Commercial:										
1										
2										
3										
4										
Industrial:										
1										
2										
3										
4										
Residential:										
1										
2										
3										
4										

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Sr. No.	Name	Property Details	Census No.	Property Identification No. (PIN)	Constructed Area in Square Meters	Remarks
1						
2						
3						
4						
5						
6						
7						
8						
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10						
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12						
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21						
22						
23						
24						

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55. Income Tax Details & Information for last 8 years: *One may use this Sheet on I. Tax Details separately for each Member of Family and each Business Unit.

Sr. No.	Assessment years	Permanent Account Number	Ward No. & Office Address	Return of Income filed on	Returned Income.	Taxes Paid	Whether Assessment Completed / Pending	Whether any Rectification pending	Whether any Appeal is pending
1									
2									
3									
4									
5									
6									
7									
8									

56. WILLS & Codicils Details & Information:

Sr. No.	Name of Will Maker (Testator)	Will Executed On	Names & Addresses of Witnesses	Copy of the Will is kept with	Whether will is registered, if yes, Date & No. of Registration
1			1. 2.		
2			1. 2.		
3			1. 2.		
4			1. 2.		

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57. Power of Attorney Details & Information:

Sr. No.	Power of Attorney Executed in Favour of	Nature / Type of Power of Attorney i.e. whether General or Specific	Power of Attorney Executed on	Location Where or the Name of the Person with whom it is Kept	Whether Notarized, if yes, Name % Address of Notary	Whether Registered, if yes, the Date of Registration and Registration No.
1						
2						
3						
4						

58. Details & Information of Debt / Liabilities:

Sr. No.	Name & Address of Creditors	Nature of Liability	Due Date	Rate of Interest , if any	Whether Business Debt or Personal	Nature of Security, if any	Any Document like Agreement or Negotiable Instruments Executed / Signed
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

59. Details of Money Borrowed / Loan Taken:

Sr. No.	Name & Address of Person from whom borrowed	Loan Amount	Rate of Interest in %	Duration of Loan	Whether Secured / Unsecured	Details of Security given / offered
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						

60. Other Liabilities Details & Information:

Sr. No.	Name & Address of Creditors	Nature of Liability	Due Date	Rate of Interest, if any
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				

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Sr. No.	Name & Address of the Person on whose behalf the Guarantee is Given	Name & Address of the Person in whose favour the Guarantee is Given	Amount of Guarantee	Duration of Guarantee	Terms & Conditions on the basis of which the Guarantee is given
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					

62. TRUSTEESHIP & OTHER POSITIONS AS OFFICE BEARERS OF ANY SOCIAL ORGANIZATIONS (SO) HELD

Sr. No.	Name & Address of SO	Post Held	Appointing Authority	Date of Appointment	Date of Cessation	Date of Filing of Appointment / Reappointment / Resignation / Retirement Form
1						
2						
3						
4						
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16						
17						
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19						
20						
21						

63. Business Entities / Organizations Details &Information:

Sr. No.	Name	Home Address	Office Address	Landline No.	Mobile No.	Email ID
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
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16						
17						
18						
19						
20						
21						

64. Details & Information about Business Concerns / Entities / Enterprises / Organization / Venture (BE):

Sr. No.	Nature & Type of Documents	Proprietary	Partnership / LLP	Pvt. / Public Ltd. Co.	Private Family Discretionary Trust	Private Family Specific Trust	Hindu Undivided Family	Association of Persons
1	Business Entity Registration No.							
2	Company Identification No.							
3	Employee State Insurance Registration No.							
4	Goods & Service Tax Registration Number							
5	Import Export Code No.							
6	MSME Registration No.							
7	Permanent Account Number							
8	Provident Fund Registration							
9	Shop & Establishment License No. & Date							
10	Tax Collection at Source No.							
11	Tax Deducted at Source No.							

65. Directorship held in – Details & Information:

Sr. No.	Name of Company	Name of Shareholders of Company	Type of Shares	No. of Shares	Amount of Investment In RS.	% of Shareholding	Types of Directorship	Other Directorship	Director Identification No.	No. & Date of Certificate of Incorporation
1										
2										
3										
4										
5										
6										
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20										
21										

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66. Names & Addresses of Home Staff & Vendors:

Sr. No.	Name	Home / Office Address	Landline No.	Mobile No.	Email ID
1	Air-conditioner Mechanic				
2	Car Mechanic				
3	Car Washer				
4	Carpenter				
5	Chauffer / Driver				
6	Chemist Shop				
7	Computer Mechanic				
8	Cook				
9	Domestic Help				
10	Electric Appliances Repairer				
11	Electrician				
12	Fruit Vendor				
13	Grocer Merchant (Modi)				
14	Milkman				
15	Mobile Repairer Shop				
16	Nurse				
17	Optician Shopkeeper				
18	Personal Executive / Secretary				
19	Plumber				
20	Pressman (Ironman - Dhobi)				
21	Security / Watchman				
22	Supervisor				
23	TV Mechanic				
24	Vegetable Vendor				
25	Watch Repairer				
26					

67. WILL OF SHRI _____

I, SHRI _____, w/o _____, presently residing at _____

hereby execute my LAST WILL on this ____ day of _____ 2020 which shall have effect of revoking all my earlier WILLS and CODICILS, if any executed by me.

Through this WILL I, (being in Sound Mental & Physical Health) do hereby, of my own Free Desire / Volition / Will / Wish and without any Compulsion, Coercion, Cruelty, Duress, Extortion, Fear, Force, Harassment, Intimidation, Oppression, Panic, Threat, Terror, Tyranny, Undue Influence or Pressure of whatsoever nature and in consideration of Natural Love and Affection, BEQUEATH, DEVISE, GIVE and LEAVE my all assets, chattels, estates, money, money's worth, possessions, and properties, wealth, whether corporeal or incorporeal, whether movable or immovable, whether tangible or intangible, including future assets, if any acquired hereafter by me and wherever situated (hereafter called / referred to as the ASSETS) upon my wife, Smt.

_____, w/o Shri _____, presently residing with me at the address given hereinabove ABSOLUTELY and FOREVER and unto the use of my wife, her heirs, executors, administrators or assigns.

In case, I survive my wife, _____, i.e. my wife dies / expires before me, then I BEQUEATH, DEVISE, GIVE and LEAVE my all ASSETS of whatsoever nature and description and wherever situated to my First Son, *Kumar / Shri _____ and my Second Son, *Kumar / Shri _____ and / or to my First Daughter *Kumari / Smt. _____ and my Second Daughter *Kumari / Smt. _____ whose names are given / listed below EQUALLY: -

1. *Kumar / Shri. _____, my Elder Son, aged ____ years; and / or
2. *Kumar / Shri _____, my Younger Son, aged, ____ years; and / or
3. *Kumari / Smt. _____, my Elder Daughter, aged ____ years; and / or
4. *Kumari / Smt. _____, my Younger Daughter, aged ____ years; and / or

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I hereby appoint my husband, Shri _____, residing with me at the address given hereinabove and / or my elder son / daughter, *Kumar / Shri / Kumari / Smt. _____, and / or my younger son / daughter Kumar / Shri / Kumari / Smt. _____,

both residing at _____ as my executor/s and / or Executrix of my LAST WILL with power to appoint any other person/s as he / she / they may, in his / her / their absolute discretion determine by and among themselves with an authority to act / carry out / do / execute / perform the duties of the executor/s and / or Executrix jointly and / or severally.

IN WITNESS WHEREOF I have hereunto set and subscribed my hand and signature this ____ Day of _____, 2020.

SR. NO.	NAME OF SIGNATORY	SIGNATURE
1	SIGNED by the within-named TESTATOR, SHRI_of his LAST WILL and TESTAMENT in our presence all being present at the same time. Thereafter at the request of the TESTATOR and in his presence and in the presence of one another. We, Shri / Smt. _____; and Shri / Smt. _____ subscribed our respective names and signed this document as Attesting Witnesses.	_____ _____ _____
2	Signed, Sealed and Delivered by the Testator, SHRI_____.	_____
3	Signed, Sealed and Delivered by Attesting Witnesses, Shri _____ / _____ Smt. and Shri / Smt. _____ in the _____	_____ _____ _____

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	presence of the Testator, Shri _____.	_____
4	Signed, Sealed and Delivered by Attesting Witnesses, Shri _____ / _____ Smt. _____ and Shri / Smt. _____ in the presence of the Testator, Shri _____.	_____ _____ _____ _____

*Strike off whichever is Not Applicable

68. WILL OF SMT. _____

I, SMT. _____, w/o _____, presently residing at _____

hereby execute my LAST WILL on this ____ day of _____ 2020 which shall have effect of revoking all my earlier WILLS and CODICILS, if any executed by me.

Through this WILL I, (being in Sound Mental & Physical Health) do hereby, of my own Free Desire / Volition / Will / Wish and without any Compulsion, Coercion, Cruelty, Duress, Extortion, Fear, Force, Harassment, Intimidation, Oppression, Panic, Threat, Terror, Tyranny, Undue Influence or Pressure of whatsoever nature and in consideration of Natural Love and Affection, BEQUEATH, DEVISE, GIVE and LEAVE my all assets, chattels, estates, money, money's worth, possessions, and properties, wealth, whether corporeal or incorporeal, whether movable or immovable, whether tangible or intangible, including future assets, if any acquired hereafter by me and wherever situated (hereafter called / referred to as the ASSETS) upon my husband, SHRI _____ s/o _____, presently residing with me at the address given hereinabove ABSOLUTELY and FOREVER and unto the use of my husband, his heirs, executors, administrators or assigns.

In case, I survive my husband, _____, i.e. my husband dies / expires before me, then I BEQUEATH, DEVISE, GIVE and LEAVE my all ASSETS of whatsoever nature and description and wherever situated to my First Son, *Kumar / Shri _____ and my Second Son, *Kumar / Shri _____ and / or to my First Daughter *Kumari / Smt. _____ and my Second Daughter *Kumari / Smt. _____ whose names are given / listed below EQUALLY: -

1. *Kumar / Shri. _____, my Elder Son, aged ____ years; and / or
2. *Kumar / Shri _____, my Younger Son, aged, ____ years; and / or
3. *Kumari / Smt. _____, my Elder Daughter, aged ____ years; and / or
4. *Kumari / Smt. _____, my Younger Daughter, aged ____ years; and / or

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CA

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I hereby appoint my husband, Shri _____, residing with me at the address given hereinabove and / or my elder son / daughter, *Kumar / Shri / Kumari / S m t . _____, and / or my younger son / daughter Kumar / Shri / Kumari / Smt. _____, both residing at _____ as my EXECUTOR/S of my LAST WILL with power to appoint any other person/s as he / she / they may, in his / her / their absolute discretion determine by and among themselves with an authority to act / carry out / do / execute / perform the duties of the executor/s and / or Executrix jointly and / or severally.

IN WITNESS WHEREOF I have hereunto set and subscribed my hand and signature this _____ Day of _____, 2020.

SR. NO.	NAME OF SIGNATORY	SIGNATURE
1	SIGNED by the within-named TESTATOR, SMT._of her LAST WILL and TESTAMENT in our presence all being present at the same time. Thereafter at the request of the TESTATOR and in her presence and in the presence of one another. We, Shri / Smt. _____; and Shri / Smt. _____ subscribed our respective names and signed this document as Attesting Witnesses.	_____ _____ _____
2	Signed, Sealed and Delivered by the Testator, SMT._____.	_____
3	Signed, Sealed and Delivered by Attesting Witnesses, Shri / Smt. _____ and _____	_____

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	SHRI / SMT. _____ in the presence of the Testator, Shri / Smt. _____	_____
4	Signed, Sealed and Delivered by Attesting Witnesses, Shri _____ / _____ Smt. and Shri / Smt. _____ in the presence of the Testator, Shri / Smt. _____	_____ _____ _____ _____

*Strike off whichever is Not Applicable