

# Your personal inventory



This is a personal inventory which contains your personal information and the nitty-gritty details of your assets. Please keep this information safe. This inventory is for you and your trusted loved ones only. Your assets could be at risk if this information falls into the wrong hands. Please review and update the document from time to time, in order to ensure that your loved ones are in possession of the most up-to-date information.

## 01

### Personal:

Last Will and Testament held with: \_\_\_\_\_  
ID number: \_\_\_\_\_ Passport number: \_\_\_\_\_  
Income tax reference number: \_\_\_\_\_ Details of tax consultant: \_\_\_\_\_

## 02

### Your property/ies:

	Property 1	Property 2
Home loan is with:	_____	_____
Account number:	_____	_____
Details regarding any lease agreement/s:	_____	_____
Household content insurance:	_____	_____
Municipal water & electricity account number:	_____	_____
Managing agent:	_____	_____
Account number:	_____	_____
Security (company name):	_____	_____
Account number:	_____	_____
Other:	_____	

# Your personal inventory



## 03

### Your cars:

	Car 1	Car 2
Car make/s:	<input type="text"/>	<input type="text"/>
Registration number:	<input type="text"/>	<input type="text"/>
Car is financed with:	<input type="text"/>	<input type="text"/>
Account number:	<input type="text"/>	<input type="text"/>
Car insurance:	<input type="text"/>	<input type="text"/>
Policy number:	<input type="text"/>	<input type="text"/>
Car tracking system:	<input type="text"/>	<input type="text"/>
Account number:	<input type="text"/>	<input type="text"/>

**Note: For additional car, attach a list showing details thereof.**

## 04

### Banking and financial products

	Account 1	Account 2
Bank/s name:	<input type="text"/>	<input type="text"/>
Banker name:	<input type="text"/>	<input type="text"/>
Contact number:	<input type="text"/>	<input type="text"/>
Off-shore accounts (company name):	<input type="text"/>	<input type="text"/>
Account number:	<input type="text"/>	<input type="text"/>

  

	Account 3	Account 4
Bank/s name:	<input type="text"/>	<input type="text"/>
Banker name:	<input type="text"/>	<input type="text"/>
Contact number:	<input type="text"/>	<input type="text"/>
Off-shore accounts (company name):	<input type="text"/>	<input type="text"/>
Account number:	<input type="text"/>	<input type="text"/>

# Your personal inventory



## Investments:

	Account 1	Account 2
Company name:	<input type="text"/>	<input type="text"/>
Type:	<input type="text"/>	<input type="text"/>
Account no:	<input type="text"/>	<input type="text"/>
Advisor's details:	<input type="text"/>	<input type="text"/>

  

	Account 3	Account 4
Company name:	<input type="text"/>	<input type="text"/>
Type:	<input type="text"/>	<input type="text"/>
Account no:	<input type="text"/>	<input type="text"/>
Advisor's details:	<input type="text"/>	<input type="text"/>

## Cryptocurrencies (bitcoin, eBucks, gaming tokens etc.):

	Account 1	Account 2
Company name:	<input type="text"/>	<input type="text"/>
Username:	<input type="text"/>	<input type="text"/>

  

	Account 3	Account 4
Company name:	<input type="text"/>	<input type="text"/>
Username:	<input type="text"/>	<input type="text"/>

## Life Insurance and short-term insurance:

	Policy 1	Policy 2
Company name:	<input type="text"/>	<input type="text"/>
Type:	<input type="text"/>	<input type="text"/>
Account no:	<input type="text"/>	<input type="text"/>
Advisor's details:	<input type="text"/>	<input type="text"/>

  

	Policy 3	Policy 4
Company name:	<input type="text"/>	<input type="text"/>
Type:	<input type="text"/>	<input type="text"/>
Account no:	<input type="text"/>	<input type="text"/>
Advisor's details:	<input type="text"/>	<input type="text"/>

# Your personal inventory



## Pension Funds, Retirement Annuities and Provident Funds:

	Fund 1	Fund 2
Company name:	<input type="text"/>	<input type="text"/>
Type:	<input type="text"/>	<input type="text"/>
Account no:	<input type="text"/>	<input type="text"/>

  

	Fund 3	Fund 4
Company name:	<input type="text"/>	<input type="text"/>
Type:	<input type="text"/>	<input type="text"/>
Account no:	<input type="text"/>	<input type="text"/>

## Financial Advisor Name:

Financial advisor name:

Contact number

Other:

## Medical Aid:

Company name:

Membership number:

Dependents name's and details:



# Your personal inventory



## 5

### Your Business Interests:

Business name/s: \_\_\_\_\_

Registration number/s: \_\_\_\_\_

Contact person (partners/  
managers/shareholders): \_\_\_\_\_

Accountant name: \_\_\_\_\_

Contact details: \_\_\_\_\_

Business Bank/s name: \_\_\_\_\_

Account no/s \_\_\_\_\_

Personal banker name: \_\_\_\_\_

Personal banker contact details: \_\_\_\_\_

Specific notes regarding your  
business interests:

Details on intellectual  
property rights (copyright):

## 6

### Foreign Assets

	Asset 1	Asset 2
Location and detail of foreign assets:	_____	_____
Contact person:	_____	_____

# Your personal inventory



Location and detail of foreign assets:  
Contact person:

Asset 3

Asset 4

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

## 7

### Your Firearms

Make and serial no:  
Location of firearm license:

Firearm 1

Firearm 2

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Make and serial no:  
Location of firearm license:

Firearm 3

Firearm 4

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

## 8

### Your Digital Life

#### Cell phone account/s:

Service provider:  
Account no:  
Additional info:

Cellphone 1

Cellphone 2

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Service provider:  
Account no:  
Additional info:

Cellphone 3

Cellphone 4

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

#### Landline account/s:

Service provider:  
Account no:  
Additional info:

Landline 1

Landline 2

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

# Your personal inventory



## Laptop/s:

	Laptop 1	Laptop 2
Make & model:	<input type="text"/>	<input type="text"/>
Username:	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>

## Tablet/s:

	Tablet 1	Tablet 2
Make & model:	<input type="text"/>	<input type="text"/>
Username:	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>

## Other devices:

	Device 1	Device 2
Make & model:	<input type="text"/>	<input type="text"/>
Username:	<input type="text"/>	<input type="text"/>

## Social media (Facebook, Twitter, Pinterest, LinkedIn etc.):

	Account 1	Account 2
Company name:	<input type="text"/>	<input type="text"/>
Username:	<input type="text"/>	<input type="text"/>

	Account 3	Account 4
Company name:	<input type="text"/>	<input type="text"/>
Username:	<input type="text"/>	<input type="text"/>

## Email account/s:

	Account 1	Account 2
Company/software name:	<input type="text"/>	<input type="text"/>
Username:	<input type="text"/>	<input type="text"/>

# Your personal inventory



## Cloud Storage:

	Account 1	Account 2
Company/software name:	<input type="text"/>	<input type="text"/>
Username:	<input type="text"/>	<input type="text"/>
	Account 3	Account 4
Company/software name:	<input type="text"/>	<input type="text"/>
Username:	<input type="text"/>	<input type="text"/>

## ADSL/Internet:

	Account 1	Account 2
Company name:	<input type="text"/>	<input type="text"/>
Account number:	<input type="text"/>	<input type="text"/>
Specific notes:	<input type="text"/>	<input type="text"/>

## Online TV subscriptions (Netflix, Showmax):

	Account 1	Account 2
Company name:	<input type="text"/>	<input type="text"/>
Account number:	<input type="text"/>	<input type="text"/>
Specific notes:	<input type="text"/>	<input type="text"/>
	Account 3	Account 4
Company name:	<input type="text"/>	<input type="text"/>
Account number:	<input type="text"/>	<input type="text"/>
Specific notes:	<input type="text"/>	<input type="text"/>

## Other online subscriptions:

	Subscription 1	Subscription 2
Company name:	<input type="text"/>	<input type="text"/>
Account/membership number:	<input type="text"/>	<input type="text"/>
Specific notes:	<input type="text"/>	<input type="text"/>
	Subscription 3	Subscription 4
Company name:	<input type="text"/>	<input type="text"/>
Account/membership number:	<input type="text"/>	<input type="text"/>
Specific notes:	<input type="text"/>	<input type="text"/>



# Your personal inventory



## 9

### Lifestyle:

Subscriptions:	Name:	Account no:	Membership no:
SABC/DSTV:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gym:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Magazine/s:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Professional associations:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Union memberships:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Club memberships:	<input type="text"/>	<input type="text"/>	<input type="text"/>

Subscriptions:	Name:	Account no:	Membership no:
Donations/ Religious contributions:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other 1:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other 2:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other 3:	<input type="text"/>	<input type="text"/>	<input type="text"/>

#### Alarm/Security:

	Company 1	Company 2
Company name:	<input type="text"/>	<input type="text"/>
Account number:	<input type="text"/>	<input type="text"/>

#### Domestic helper:

Name:	<input type="text"/>
Contact number:	<input type="text"/>
UIF details:	<input type="text"/>

#### Gardener:

Name:	<input type="text"/>
Contact number:	<input type="text"/>
UIF details:	<input type="text"/>

# Your personal inventory



## Timeshare:

Company: \_\_\_\_\_  
Managing agent: \_\_\_\_\_  
Account no/ description: \_\_\_\_\_

## Other Liabilities:

	Liability 1	Liability 2
Description:	_____	_____
Amount:	_____	_____
Contact person and details:	_____	_____

	Liability 3	Liability 4
Description:	_____	_____
Amount:	_____	_____
Contact person and details:	_____	_____

## Other:

# Your personal inventory



## 10

### Important document inventory:

Notes or location of original documents:

- Original Signed Will:
- Identity Document:
- Passport:
- Marriage certificate:
- Birth certificates:
- Antenuptial contract:
- Certificate of registration of customary marriage:
- Divorce order:
  
- Trust deed/s:
- Company registration documents:
- Financial statement:
  
- Title deeds:
- Lease agreements:
  
- Car registration documents:
  
- Short term insurance policy documents:
- Life assurance policy documents:
- Investment schedules/policy documents:
  
- Firearm license/s:

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---