



Business needs audit

Client

Details of business

Name of business

Trading name (if different from registered name)

Physical trading address

Postal address

Registration number (if applicable)

Tax reference number

Tax office

Authorised signatory for any financial products

Through what type of business entity is the client trading?

Company

☐

Close corporation

☐

Partnership

☐

Incorporated partnership

☐

Sole proprietorship

☐

Trust

☐

The needs of the business

Suretyship protection need (contingent liability)

1 Does your business have any loan facilities with any institution
or individual for which someone was required to stand personal
surety?

Yes ☐ No ☐

If **Yes**, give details below

[illegible]

1 (1) Is a plan in place to settle these debts upon the untimely death or permanent disability of the guarantor?

| | |
|-----|----|
| Yes | No |
|-----|----|

If **NO**, address the Suretyship protection need

Loan account protection need

2 Does the business owe money to the owners?

Yes ☐ No ☐

2(1) If **Yes**, give details below

| Name of lender | Loan acc. value | Existing provision | Provide for estate duty | Include additional ancillary benefits |
|----------------|-----------------|--------------------|-------------------------|---------------------------------------|
| | | | | |
| | | | | |
| | | | | |

2(2) If **Yes**, has any financial provision been made to repay the money upon the untimely death or permanent disability of the owner?

| | |
|-----|----|
| Yes | No |
|-----|----|

If **NO**, address
the Loan acc.
protection
need

Business overheads protection need

3. Is there any plan in place to insure against the cost of continuing to pay business overheads while an owner is temporarily or permanently disabled?

| | |
|-----|----|
| Yes | No |
|-----|----|

If **NO**, address
the Business
overheads
cover need

3(1) If **No**, give details of the regular monthly business expenses below.

[illegible]

Key person need

4. Does the business's continued financial success rely on the skills and input of any particular staff members?

Yes ☐ No ☐

| Need identified and address immediately | Need identified but not priority |
|---|----------------------------------|
|---|----------------------------------|

- 4(1) If **Yes**, has any plan been implemented to alleviate the potential financial losses that may arise from the death or permanent disability of such persons?

| Yes | No | |
|-----------------------------------|----|--|
| If NO, address the Keyperson need | | |

If **Yes**, give details below

| Full names | Recruit./relocation | Training | Restarting projects | Loss of turnover | Loan acc. value | Other | Less exist. provision | Provide for Estate Duty | Include additional ancillary benefits |
|------------|---------------------|----------|---------------------|------------------|-----------------|-------|-----------------------|-------------------------|---------------------------------------|
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

Debtor's cover need

5. Do you have any substantial debts with clients to whom you have granted credit?

Yes ☐ No ☐

- 5(1) If **Yes**, could the death or permanent disability of the owner of that business result in the outstanding debt not being repaid?

| Yes | No | |
|---|----|--|
| If YES, address the Debtor's cover need | | |

If **Yes**, please give details below:

| First name | Surname | Debt amount | Existing provision | Provide for estate duty | Include additional ancillary benefits |
|------------|---------|-------------|--------------------|-------------------------|---------------------------------------|
| | | | | | |
| | | | | | |
| | | | | | |

Alternative finance repayment need

6. Have alternative methods of setting the business's debts in a tax-efficient manner been considered?

| Yes | No | |
|---|----|--|
| If NO, address Alternative finance repayment need | | |

| Structured finance amount | Deposit | Net loan | Term | Contribution escalation | Fund and guaranteed rate | Commission level |
|---------------------------|---------|----------|------|-------------------------|--------------------------|------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |

Corporate Investment

7. Is there a need for the business to invest for future expenditure like the replacement of assets, project finance, staff incentives, etc?

If Yes, give details below

| Need identified and address immediately | | Need identified but not priority |
|---|----|----------------------------------|
| Yes | No | <input type="text"/> |
| If YES, address the Corporate Investment need | | |

| Specific goal | Required amount in present value | Investment term | Assumed inflation rate wrt goal | Existing provision | Growth on existing provision | Contribution escalation | Anticipated fund growth rate |
|--------------------------|----------------------------------|-----------------|---------------------------------|--------------------|------------------------------|-------------------------|------------------------------|
| Surety creation | | | | | | | |
| Asset replacement | | | | | | | |
| Dividend payment | | | | | | | |
| Investment | | | | | | | |
| Productivity improvement | | | | | | | |
| Project financing | | | | | | | |
| BEE vendor financing | | | | | | | |

The needs of the owners

| Names and identity numbers of shareholders/members/partners/sole proprietor | % interest |
|---|------------|
| | |
| | |
| | |
| | |

What is the current market value of the business?

R

What valuation method was used to determine this value?

Business continuity need (buy and sell)

8. Do you have any contractual agreement with any other party to ensure the continuation of the business on the untimely death or permanent disability of any one of the owners?

| Yes | No | <input type="text"/> |
|---|----|----------------------|
| If NO, address the Business continuity need | | |

8(1) Is it in writing? (If Yes, obtain copy for your records)

Yes ☐ No ☐

8(2) If Yes, has it been updated within the last two years?

Yes ☐ No ☐

Income replacement need

9. Is there any plan in place to insure against the loss of an owner's income while he/she is temporarily or permanently disabled?

| Need identified and address immediately | | Need identified but not priority |
|--|----|----------------------------------|
| Yes | No | |
| If NO, address the Income replacement need | | |

If No, provide details below

| First name | Surname | Annual income |
|------------|---------|---------------|
| | | |
| | | |
| | | |

Loan account redemption need

10. If there is a loan account owed to you, is there a plan in place to repay this by the time you wish to retire?

| | | |
|---|----|--|
| Yes | No | |
| If NO, address the Loan account redemption need | | |

If No, set out the details of the loan(s)

| Full names | Current age | Redemption age | Loan account value | Existing provision | Contribution escalation | Anticipated fund growth rate |
|------------|-------------|----------------|--------------------|--------------------|-------------------------|------------------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |

The needs of the employees

Staff retention need

11. Is any plan in place to incentivise your important or senior staff to remain with you for as long as possible?

| | | |
|---|----|--|
| Yes | No | |
| If NO, address the Staff retention need | | |

If No, please complete the information below

| Full names | Current age | Benefit age | Annual remuner. | Contrib. percentage | Annual esc. | Plus single contribution | Less exist. prov. | Anticipated fund growth rate |
|------------|-------------|-------------|-----------------|---------------------|-------------|--------------------------|-------------------|------------------------------|
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

- 11(1) If Yes, has this plan been reviewed within the last two years to reflect current staff details and to keep pace with inflation?

| | | |
|-----|----|--|
| Yes | No | |
|-----|----|--|

Business needs audit report and prioritisation list

The following needs have been identified from the information supplied by _____

_____ of _____

(Tick if need is applicable to this client and give each a priority rating in descending order from the most important (1) to least important (10))

| Business needs | Priority | | | Follow-up date | Client initial |
|---|--------------------------|--------------------------|--------------------------|----------------------|----------------------|
| | Immed. | Later | None | | |
| Business needs | | | | | |
| 1. Suretyship protection (contingent liability) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> |
| 2. Credit loan account protection | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> |
| 3. Business overheads cover | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> |
| 4. Keyperson cover | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> |
| 5. Debtor's cover | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> |
| 6. Alternative finance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> |
| 7. Corporate investment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> |
| Owner needs | | | | | |
| 8. Business continuity (Buy-and-Sell) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> |
| 9. Income replacement | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> |
| 10. Owner's loan account redemption | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> |
| Employee needs | | | | | |
| 11. Staff retention schemes (deferred and preferred compensation) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> |

Declaration

I, the undersigned, confirm that a financial needs analysis has been done for me, that all my needs have been identified correctly and that it is my desire that they should be addressed in the order of priority listed above. I understand that should I not address all the issues immediately, for whatever reason, my business will be out of balance and be exposed to unwanted risks.

I confirm that all the information supplied by me is, to the best of my knowledge, correct and I understand that it shall form the basis of any analysis and advice that my adviser has given or may in the future give to me.

Client _____ Adviser _____

Date _____