



## NEW CLIENT FORM

Please complete all items in the required field(s), save to your local drive and email the document(s) and any attachment(s) to our office.

Client Name: \_\_\_\_\_

### TYPE OF ENTITY

Individual	Company	Trust	Super Fund	Partnership	Estate
Date of Birth (if applicable): _____			Tax File Number: _____		
Registered for GST:	Yes	No	ABN (if applicable): _____		
BAS Required	Yes	No			
IAS Required	Yes	No			

### ADDRESS DETAILS

#### POSTAL ADDRESS

Address: \_\_\_\_\_  
\_\_\_\_\_ Postcode \_\_\_\_\_

#### BUSINESS ADDRESS

Address: \_\_\_\_\_  
\_\_\_\_\_ Postcode \_\_\_\_\_

#### HOME ADDRESS

Address: \_\_\_\_\_  
\_\_\_\_\_ Postcode \_\_\_\_\_

### CONTACT DETAILS

Mobile No: \_\_\_\_\_ Home No: \_\_\_\_\_  
Home Fax : \_\_\_\_\_  
Business No: \_\_\_\_\_ Business Fax: \_\_\_\_\_  
Email: \_\_\_\_\_



## NEW CLIENT FORM CONTINUED

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### ASSOCIATES

Spouse: \_\_\_\_\_

Company(s): \_\_\_\_\_

Trust(s): \_\_\_\_\_

Partnership: \_\_\_\_\_

Super Fund: \_\_\_\_\_

Ethical Letter Required:	Yes	No	Old accountant details:
Add to Tax Agent Portal:	Yes	No	<div></div>
Add to ASIC Registered Agency:	Yes	No	

### POTENTIAL TAX REFUND DETAILS

#### EFT DETAILS

Account Name: \_\_\_\_\_ BSB: \_\_\_\_\_

Account No: \_\_\_\_\_

### DEPENDENT CHILDREN

Name of child _____	Child DOB _____	Name of child _____	Child DOB _____
Name of child _____	Child DOB _____	Name of child _____	Child DOB _____

### INFORMATION REQUEST

#### FINANCE

Do you have a current home, business, investment or equipment loan? If so, please provide us with latest statement showing closing balance and applicable interest rate. We will use this to review your current lending arrangements, before connecting you with our trusted network of financiers to potentially provide you with some real dollar saving alternatives.

Yes	No
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#### INSURANCE

Do you have current Income Protection, Life & Total & Permanent Disablement (TPD), Trauma/Critical Illness and/or General Business insurance policies? If so, please provide us with relevant policy statement(s). We will use these documents to review your current insurance position before connecting you with our trusted network of insurance providers to ensure you have the right policies in place.

Yes	No
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#### SUPERANNUATION

Do you have a current balance of monies in an industry or retail Superannuation Fund? If so, please provide us with latest statement(s) showing closing balance. We will use these documents to help you explore the alternative of running your own Self Managed Super Fund, in which you can have greater control and access to alternative investment options not otherwise available (including the potential to borrow to buy property).

Yes	No
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