



CUSTOMER RECORD SHEET

clear form

Year _____

Mr Mrs	Deceased	Yes	No
	Date of death	DD/MM/YYYY	
Last name _____			
First name _____			
Social insurance # _____			
Date of birth _____ DD MM YYYY			
Phone _____			
Phone _____			
Email address _____			
Person with a disability Yes No			
I lived alone ALL YEAR Yes No			
(Excluding dependants)			

Spouse	Mr Mrs	Deceased	Yes	No
		Date of death	DD/MM/YYYY	
Last name _____				
First name _____				
Social insurance # _____				
Date of birth _____ DD MM YYYY				
Phone _____				
Phone _____				
Email address _____				
Person with a disability Yes No				
Spouse's declaration processed by Plani-Impôt? Yes No				
If NO , we need the net income from ; Line 23600 FED _____				
Line 275 Qc _____				

CIVIL STATUS as of December 31st

Bachelor	Married	Commonlaw	Separated	Divorced	Widow
Change of marital status	Yes	No	Previous status	Date of change	DD/MM/YYYY

CURRENT ADDRESS

No _____ Street _____ Apt _____ City _____

Postal Code _____ Prov. _____ Change of address in 2023? Yes No Date of change _____ DD/MM/YYYY

Prescription Drug Insurance			
Are you insured in the	public	private	
My own group plan (work)	From _____	Month _____	to _____
With the spouse or parent plan	From _____	Month _____	to _____
RAMQ government insurance	From _____	Month _____	to _____

Spousal Prescription Drug Insurance			
Are you insured in the	public	private	
My own group plan (work)	From _____	Month _____	to _____
With the spouse or parent plan	From _____	Month _____	to _____
RAMQ government insurance	From _____	Month _____	to _____

CHILDREN

Last name	First name	Sex	Date of birth	S.I.N.	Disability	Pays a pension	At my expense	Tax done by Plani-Impôt
			DD MM YYYY					
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____

Other information :

Signature _____

Date _____ DD/MM/YYYY Referred by : _____

	HPB	LLP
Withdrawal	_____	\$ _____
Balance	_____	\$ _____
Purchase date	_____	
Amount	_____	\$ _____
# of owners	_____	