

Client Code:	
Year:	
File Name:	



I hereby authorise Accounting 4 Business South Coast to act on all future tax related matters relating to all entities listed below. I also authorise A4BSC to add all entities listed below as clients to the tax agent portal for both Income Tax Account & Integrated Client Account roles.

I understand that as a new client I am to provide relevant identifying documentation in order to prove my identity before any work is to commence.

In the event that I cannot attend your premises in person I do authorise to act as my representative to discuss with you my taxation requirements and/or to collect any documentation. Where a signature is required I am aware that my representative cannot sign on my behalf.

Signed:

Date:

Personal Information:

*Title	
*First Name:	
*Surname:	
*Date of Birth:	
*Tax File No:	
Business Name:	
ABN: (if applicable)	
ACN:(if applicable)	
Home Address:	
Postal Address:	
Email Address:	
Contact Number:	
Account Name:	
BSB:	
Account No:	

Spouse Information:

Title:	
First Name:	
Surname:	
Date of Birth:	
Tax File No:	
Taxable Income:	