NEW / MODIFY CLIENT FORM

SM Injury Management Solutions

SECTION 1: CLIENT DETAILS (EXTERNAL USE)

Client Legal Name:

Client Trading Name:

ABN / ACN:

Address:

Suburb: State: Postcode:

Contact Name: Position:

Email: Phone:

Workplace Health & Safety

Contact Name: Position:

Email: Phone:

Accounts Details

Contact Name: Position:

Email: Phone:

Email for Remittances: Phone:

SECTION 2: CLIENT REASON FOR ENGAGEMENT

Please provide details of the primary purpose for engaging SMIMS:

SECTION 3: OVERALL DESIRABLE OUTCOME

Please provide details of the desirable outcome for your Company:

SECTION 4: SM INJURY MANAGEMENT SOLUTIONS (INTERNAL USE)

Has the client been contact: Yes ☐   No ☐   Action required

Comment:

Has a consultation booking been confirmed: Yes ☐   No ☐   Action required

Comment:

Draft Scope of Services Agreement: Yes ☐   No ☐   Action required

Comment:

Final Scope of Services Agreement: Yes ☐   No ☐   Action required

Comment:

Director Approval   ☐ Accepted   Signature:

☐ Declined   Justification: