

New Client Details Form – SMSF

We would appreciate you taking the time to complete the following details. If you have any questions in relation to the form, please do not hesitate to ask for assistance.

		Current Details	
SMSF Name			
Tax File Number:			
ABN:			
SMSF Register Address:			
Postal Address:			
Trust Deed	Please send us a copy		
Investment Strategy	Please send us a copy		
Telephone:			
Facsimile:			
Email Address:			
Web Site Address:			
Trustee			
-Individual Trustee			
Or			
-Corporate Trustee	Name:		
	A.C.N		
Beneficiaries (name):			
-Beneficiary A	Name:	D.O.B	
-Beneficiary B	Name:	D.O.B	
-Beneficiary C	Name:	D.O.B	
-Beneficiary D	Name:	D.O.B	
Previous accountant's contact-Email or Phone			
Are there any special instructions you would like us to note when contacting you?			
Please complete the following details so that we may better meet your needs.			

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Would you like to receive newsletters from us?	<input type="checkbox"/> No or <input type="checkbox"/> Yes - <input type="checkbox"/> Business - <input type="checkbox"/> Tax - <input type="checkbox"/> Financial Planning <input type="checkbox"/> All newsletters
How would you like to receive our newsletters?	<input type="checkbox"/> By Email (via above address) or <input type="checkbox"/> By normal mail
Would you like to be notified of future seminars on:	Tax: Y / N Financial Planning: Y / N Superannuation: Y / N Other:
Thank you for taking the time to complete this form.	
Client's Signature/s:	

Accountant to complete (to be done at interview)**

Client Code:			
Partner:			
Manager:			
Accountant:			
** Preferred Billing Client:	Client Code:	Linked at: Invoice / Timesheet	
Fee Quoted:			
Any Relationships in client database:			
Tax - Occupation Code:			
** BAS/IAS Returns:		Practice to receive BAS/IAS: Y / N	
		Practice to complete / lodge BAS/IAS : Y / N	
Client Type: <small>client has a business or generates any business income client has/is a consulting business and would be targeted for PSI issues</small>		Tax <input type="checkbox"/>	Payroll Tax <input type="checkbox"/>
		Audit <input type="checkbox"/>	Spouse Only <input type="checkbox"/>
		Commercial <input type="checkbox"/>	Overseas <input type="checkbox"/>
		Consultant <input type="checkbox"/>	
** Business Turnover:			
** Number Of Employees:			
** Accounting Software Used:			
** Financial Planning Services:		Interested / Not Interested	
** Client Referred By:			
** Previous Accountant:			
Date Client Interviewed:			
Date Form Completed:		By Accountant:	
Letters:			
	Required	Initials	Date
Ethical Letter			
Welcome Letter			
Thank You Referral Letter			
Engagement Letter			
Admin:			
	Required	Initials	Date
CU Form Required			
Make Up File			
Client Database Updated			
<u>Other Comments:</u>			