

New Client Details Form - Individual

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	
Names: Surname			
	First Names		
Title:			
Tax File Number:			
ABN:			
Postal Address:			
Residential Address:			
Occupation:			
Business Name:			
Business Telephone:			
Mobile Telephone:			
Home Telephone:			
Facsimile:			
Email Address:			
Web Site Address:			
Date of Birth:			
Children's Names And Dates Of Birth:			
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.			
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	Admin:	Required	Initials	Date
Ethical Letter				CU Form Required			
Welcome Letter				Make Up File			
Thank You Referral Letter				Client Database Updated			
Engagement Letter							
<u>Other Comments:</u>							