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New Client Form

General Details:					
Title:	First Name:	Middle Name:		Last Name:	
Busine	ss Name:	I			
Busine	ss Address:				
Postal	Address:				
ABN:			Tax File Number (TFN):		
Phone Number:			Email Address:		
Ducina	ess Details:				
DUSTIE	ess Detaits.				
Bookkeeping Services:					
☐ Quarterly ☐ Monthly Business type:					
Sole Trader Partnership Company					
What is your business turnover?					
What accounting software are you using currently?					
How many employees work for you?					
When	did business start?				
What are the products or services offered?					
How m	nany bank accounts do yo	our business have?			
	,				
Other:	additional details:				
Carles additional details.					