

## 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:		
Date of Birth:		
Tax File Number:		
ABN:		
Children's Names And Dates Of Birth:		
Postal Address:		
Residential Address:		
Occupation:		
Work Telephone:		
Mobile Telephone:		
Home Telephone:		
Facsimile:		
Email Address:		
Associated Business Name:		
Business Telephone:		
Web Site Address:		
Main Business Activities:		
Business Address:		
Position in Business:		

Do you have any of the following associated entities?	
Individual	Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes, please fill out Client Details Form – Individual)
Partnership	Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes, please fill out Client Details Form – Partnership)
Trust	Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes, please fill out Client Details Form – Trust)
Self-Managed Superannuation Fund	Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes, please fill out Client Details Form – SMSF)
Do you have a previous tax accountant? (If so, please complete this section)	
Previous Accountant's Name:	
<b>Previous Accountant's Address:</b>	
Previous Accountant's Telephone:	
Previous Accountant's Fax:	
Do you currently have a lawyer? (If so, please complete this section)	
Lawyer's Name:	
Law Firm's Name:	
<b>Lawyer's Address:</b>	
Lawyer's Telephone:	
Lawyer's Fax:	
Are there any special instructions you would like us to note when contacting you?	
Signature:	Signature:
Position:	Position:
Date:	Date: