

Client Details Form PARTNERSHIP

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		
Partnership Name:		
ABN:		
Tax File Number:		
Telephone No.'s:		
Facsimile/Other No.'s:		
Email Address:		
Web Site Address:		
Business Address:		
Postal Address:		
Main Business Activities:		
Partner Details:		
Partner Names:		
Partner Addresses:		
Partner Tax File Numbers:		
Partner Phone/Mobile No.'s:		
Partner share percentages:	%	%
Partner Names		
Partner Addresses:		
Partner Tax File Numbers:		
Partner Phone/Mobile No.'s:		
Partner share percentages:	%	%

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:	
Previous Accountant's Address:	
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:	
Lawyer's Address:	
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: