

Client Details Form SMSF

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

Current Details		
Super Fund Name:		
ABN:		
Tax File Number:		
Telephone No.'s:		
Facsimile/Other No.'s:		
Email Address:		
Web Site Address:		
Street Address:		
Postal Address:		
Trustee Details:		
Trustee Name/s:		
Trustee Address/es:		
Trustee Phone/Mobile No./s:		
Is the Trustee a Corporation? (if so, please complete this section)		
Corporate Trustee's Name & ACN:		
Corporate Trustee Director Name/s:		
Corporate Trustee Director Address/es:		
Director Phone/Mobile No./s:		
Member Details:		
Member Name/s		
Member Address/es:		
Member Tax File Number/s:		
Member Date/s of Birth:		
Member Phone/Mobile No./s:		

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)
Company	Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes, please fill out Client Details Form – Company)
Trust	Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes, please fill out Client Details Form – Trust)
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: