

Client Details Form TRUST

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	
Trust Name:	
ABN:	
Tax File Number:	
Telephone No.'s:	
Facsimile/Other No.'s:	
Email Address:	
Web Site Address:	
Trust Type:	Discretionary Trust <input type="checkbox"/> Unit Trust <input type="checkbox"/> Hybrid Trust <input type="checkbox"/>
Business Address:	
Postal Address:	
Main Business Activities:	
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:	
Beneficiary Name/s:	
Beneficiary Address/es:	
Beneficiary Tax File Number/s:	
Beneficiary 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)
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: