

NEW CLIENT DETAIL FORM

SECTION ONE: GENERAL:

Name:

Surname:

Given Name

Other given names

Date of Birth: _____

Place of Birth: _____

Occupation: _____

TFN: ____ / ____ / ____

ABN: ____ / ____ / ____ / ____

Postal Address:

Street Address:

Phone Numbers:

Work: _____ **Home:** _____ **Mobile:** _____

Fax: _____ **Email:** _____

Do you have a HECS debt: Yes / No (please circle)

Do you have Health Insurance? Yes / No (please circle)

Fund Name: _____ **Membership Number:** _____

How did you find out about us? Referred by?

Have you had an accountant previously? Yes / No (please circle)

What year was your last Taxation Return lodged? _____

BANK ACCOUNT DETAILS

BSB: _____

Account Number: _____

Account Name: _____

Related:

Please name any related entities included in your service, for example:

Spouse:

Full Name: _____ **DOB:** _____

Child 1:

Full Name: _____ **DOB:** _____

Sex: Male – Female (please circle)

Child 2:

Full Name: _____ **DOB:** _____

Sex: Male – Female (please circle)

Child 3:

Full Name: _____ **DOB:** _____

Sex: Male – Female (please circle)

Company:

Name: _____

Trust:

Name: _____

Superannuation Fund:

Name: _____

Other:

Name: _____

Authority

By signing this form, you authorise Advance Accounting Services to act as your Tax Agent and access any related information regarding your tax affairs from the Australian Taxation Office.

.....
Signature

Thank you. Please return this form to reception