

Personal Details / AML and CFT Compliance Details

Full Name:	
IRD Number:	
Phone:	
Mobile:	
Email:	
Address:	
Address Proof (x2):	Bank Statement / Power Bill / Others (specify)
Photo ID Number:	Passport: Driver Licence: Other (specify):
Date of Birth:	
Original Documents Sighted and Verified	YES / NO
Original Documents Copied for Filing	YES / NO

How did you hear about us?	
<input type="checkbox"/> Facebook <input type="checkbox"/> Twitter <input type="checkbox"/> LinkedIn <input type="checkbox"/> Search Engine <input type="checkbox"/> Web <input type="checkbox"/> Referral (Specify):	
Politically Exposed Person (PEP)?	YES / NO
If YES specify:	
Additional Information:	

Previous Accountant's Details:

Firm Name:	
Contact Name:	
Phone:	
Mobile:	
Email:	
Address:	

Services and Other Details:

Income Tax Return		Management Accounts Quarterly	
GST		Management Accounts Half Yearly	
FBT Returns		Management Accounts Yearly	
Payroll		IRD Audit	
Other (specify)		Other (Specify)	

Interviewed By:

Interviewed By:	
Date:	
Note:	