

New Client Form

TYPE OF ENTITY (please tick)

Individual Company Trust Super Fund Partnership Estate Audit

CLIENT DETAILS

Client code: <i>(To be completed by Admin)</i>		CRN
SALUTATIONS: (Mr, Mrs, Ms, Miss, Dr, Rev)		
FULL NAME:		
PREFERRED NAME:		
DATE OF BIRTH		
TAX FILE NUMBER:		
OCCUPATION:		
SPOUSES NAME & DATE OF BIRTH:		
SPOUSES TAX FILE NUMBER:		
DEPENDANT CHILDREN:	<u>NAME/S</u>	DOB
MEDICARE NUMBER:		
ABN: (if applicable)	ACN: (if applicable)	
BAS REQUIRED:	IAS:	
	REGISTERED FOR GST:	

ADDRESS DETAILS

POSTAL ADDRESS:	
BUSINESS ADDRESS:	
HOME ADDRESS:	
REGISTERED ADDRESS:	

TELEPHONE

	MOBILE NO:
HOME NO:	FAX NO:
BUSINESS NO:	BUSINESS FAX NO:
EMAIL ADDRESS:	

ASSOCIATED ENTITY

COMPANY(S):	
TRUST(S):	
PARTNERSHIP:	
SUPER FUND:	
PRIOR ACCOUNTANTS NAME & DETAILS	
COMPUTERISED SOFTWARE USED:	
Version:	Password:

INFORMATION OBTAINED: -(Admin to use)			
Previous Tax Returns:	Y/N/NA/Requested	Company Binder:	Y/N/NA/Requested
Averaging/Deferred Sales Details:	Y/N/NA/Requested	Trust Deed:	Y/N/NA/Requested
HP/Borrowing Cost Schedules:	Y/N/NA/Requested	Asset Registers	Y/N/NA/Requested
Previous Financial Statements:	Y/N/NA/Requested		

EFT DETAILS - (for refunds)

ACCOUNT NAME:	
BSB:	ACCOUNT NO:

Do you authorise Brown Macaulay & Warren to deal with another person on your behalf (e.g. a family member)

I would like Brown Macaulay & Warren to contact me via email with any tax return queries

I would like Brown Macaulay & Warren to contact me via email / mail with newsletters and general updates

I would like Brown Macaulay & Warren to contact me for seminars we hold.

If yes who: Name Relationship

Signature.....

Name:.....**Date**:.....