NEW CLIENT FORM

CLIENT 1	CLIENT 2
Mr, Mrs, Ms, Miss, Dr Title:	Mr, Mrs, Ms, Miss, Dr Title:
Surname:	Surname:
First Names:	First Names:
Marital Status:	Marital Status:
Occupation:	Occupation:
DOB: / /19	DOB: / /19
Home Address:	Home Address:
Postcode	Postcode
Postal Address:	Postal Address:
Postcode	Postcode
Telephone Home: ()	Telephone Home: ()
Telephone Work: ()	Telephone Work: ()
Fax Number: ()	Fax Number: ()
Mobile Number:	Mobile Number:
Email:	Email:
Tax File No.:	Tax File No.:

	FAMILY / DEPENDANTS			
	Name	Relationship	Date of Birth	Dependant
1.			/ /	Yes 🗌 No 🗌
2.			/ /	Yes 🗌 No 🗌
3.			/ /	Yes No

OTHER PROFESSIONAL ADVISORS (If known)			
	Firm	Contact Name	Phone
Solicitor			
Financial Advisor			

OFFICE USE ONLY - NEW CLIENTS REFERRED				
	CLIENT 1	CLIENT 2		
Date		Date		
//_				
//		//		

LENDING	CLIENT 1	CLIENT 2
Do you have an ovisting mattering and amount?	Yes 🗌 \$	Yes 🔲 \$
Do you have an existing mortgage and amount?	No 🗌	No 🗆
Which 'bank' and the current interest rate?	%	%
Monthly Repayments	Amount \$	Amount \$
Do you have, or are you considering buying an investment property?	Yes 🗌 No 🗌	Yes 🗌 No 🗌
	Yes 🗌 Amount \$	Yes 🔲 Amount \$
Are you looking to refinance any business debt?	No 🗌	No 🗌

ESTATE PLANNING		
Do you have a Current Valid Will?	Yes 🗌 No 🗌	Yes 🗌 No 🗌
If yes, when was it last reviewed?	Year:	Year:
Do you have Life Insurance?	Yes 🗌 No 🗌	Yes 🗌 No 🗌
- Through Your Superannuation?	Amount \$	Amount \$
- Non Superannuation	Amount \$	Amount \$

YOUR BUSINESS		
Is your Bookkeeping Computerised?	Yes 🗌 No 🗌	Yes 🗌 No 🗌
If yes, which Software program do you use and		
What Version?		
Business Turnover	Under \$1M 🗌 or over \$1M 🗌	
Do you prepare your own BAS?	Yes 🗌 No 🗌	Yes 🗌 No 🗌
BAS Prepared on What Basis?	Cash 🗌 or Accruals 🗌	Cash 🗌 or Accruals 🗌
BAS Lodged how often?	Month 🗌 Quarter 🗌 Year 🗌	Month 🗌 Quarter 🗌 Year 🗌
Related entities - Company, Trust		
- Super Fund		
- Partnership		
Do you currently Lease any Cars or Equipment?	Yes 🗌 No 🗌	Yes 🗌 No 🗌
Are you planning to Finance any Cars or Equipment in the next 12 months?	Yes 🗌 No 🗌	Yes 🗌 No 🗌
Do you have Income Protection Insurance?	Yes 🗌 No 🗌	Yes 🗌 No 🗌
	\$ per month or	\$ per month or
	\$ Annually	\$ Annually

OFFICE USE ONLY			(CODE:)
CLIENT NAME:			
Simplified Tax System Election (ST	`S) 🗌 Yes	🗌 No	
BAS	Quarterly	Monthly	Annually
BAS	Cash or Accru	als	
Business Turnover	< \$1 Million	> \$1 I	Million

PRIVATE USE

	% Claim	Code
Telephone		
Light & Power		
Rates		
Car A		
Car B		
Other		

RECURRING PAYMENTS – Chattel Mortgage, Lease, Rent & HP Contracts

\$ Amount	Description/Details	Code

ADMINISTRATION CHECKLIST

ETHICAL LETTER	
ADD TO ATO PORTAL	
ADD TO PRACTICE MANAGER	
ADD EMAIL TO NEWSLETTER DATABASE	
ADD AS NEW CLIENTS TO AUDIT SHIELD	
ADD TO JOB MANAGER	
OTHER	