## **NEW CLIENT FORM**

| CLIENT 1                        | SPOUSE/PARTNER                  |  |  |
|---------------------------------|---------------------------------|--|--|
| Mr, Mrs, Ms, Miss, Dr<br>Title: | Mr, Mrs, Ms, Miss, Dr<br>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: ( )             |  |  |
| Email Address:                  | Email address:                  |  |  |
| Mobile Number:                  | Mobile Number:                  |  |  |
| ABN:                            | ABN:                            |  |  |
| Tax File No.:                   | Tax File No.:                   |  |  |

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

| ASSOCIATED COMPANY OR TRUST/SMSF |      |     |     |  |  |
|----------------------------------|------|-----|-----|--|--|
|                                  | NAME | ABN | TFN |  |  |
| COMPANY                          |      |     |     |  |  |
| TRUST /SMSF                      |      |     |     |  |  |

| BANKING DETAILS |          |          |  |  |
|-----------------|----------|----------|--|--|
|                 | CLIENT 1 | CLIENT 2 |  |  |
| NAMES           |          | NAMES    |  |  |
| BANK:           |          | BANK     |  |  |
| BSB             |          | BSB:     |  |  |
| ACCT#:          |          | ACCT:    |  |  |

We the undersigned hereby appoint Trimtax Accountants and Advisors Pty Ltd as our tax agents and authorise them to act on our behalf

| Signed: |  |
|---------|--|
| Dated:  |  |