

# NEW CLIENT DETAIL FORM - CORPORATIONS

CORPORATION NAME: \_\_\_\_\_

TRADING NAME: \_\_\_\_\_

DIRECTORS: \_\_\_\_\_

PRINCIPAL CONTACT PERSON: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

POSTAL ADDRESS: \_\_\_\_\_

REGISTERED ADDRESS: \_\_\_\_\_

PHONE NO.: \_\_\_\_\_ (W)

\_\_\_\_\_ (MOBILE)

\_\_\_\_\_ (FAX)

\_\_\_\_\_ (EMAIL)

GST Registration: \_\_\_\_\_

GST Frequency: \_\_\_\_\_

Tax File No: \_\_\_\_\_

ABN: \_\_\_\_\_

Are you registered for:

- |   |        |
|---|--------|
| <input type="radio"/> PAYG Withholding          | YES/NO |
| <input type="radio"/> Fringe Benefits Tax (FBT) | YES/NO |
| <input type="radio"/> Payroll Tax               | YES/NO |
| <input type="radio"/> Workers' Compensation     | YES/NO |
| <input type="radio"/> Land Tax                  | YES/NO |

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You were referred by: \_\_\_\_\_

Have you had an accountant previously? YES / NO

If yes:

Could you provide the name, address and phone number of your previous accountant?

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Could you provide some comment on the positives and negatives of their service, and what you would like us to provide you with:

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Do you prepare accounts: Monthly, Quarterly, Yearly (please circle)

Are your accounts on computer? YES / NO

If yes, what is your software package, version and password?

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If No, would you like further information? YES / NO

## 1. Wealth Creation

Do you have a Financial Plan?  Yes  No

Do you have superannuation?  Yes  No

Do you have other Investments?  Yes  No

Please Indicate Below:

Real Estate  Stocks/Equities  Managed Funds  Fixed Interest

Other \_\_\_\_\_

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## 2. Risk Management

- Is your will current?  Yes  No
- Do you own or lease your business property?  Own  Lease
- Have you a Partnership/Directors Agreement?  Yes  No
- Is there a valuation of business clause in your official documentation?  
 Yes  No
- Do you have formal agreements with customers or suppliers?  
 Yes  No

What insurances do you have?

- Income Protection  Life  Keyman  Personal Super

Is your business adequately insured in the following areas?

- Premises?  
 Loss of Profits?  
 Liability?

## 3. Succession Planning

- When do you want to retire? \_\_\_\_\_
- What will you do with the business then?  
 Sell it  Pass it on  Other \_\_\_\_\_
- If selling, how much would you like to sell your business for? \$ \_\_\_\_\_
- When would you like to sell it? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
- Has your business been valued?  Yes  No
- If passing it on, who will succeed you? \_\_\_\_\_
- Do they have the skills they need?  Yes  No
- What type of training will they need? \_\_\_\_\_

What reports are produced on a systematic basis?

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