

NEW CLIENT DETAIL FORM - INDIVIDUALS

NAME: _____

HOME ADDRESS: _____

POSTAL ADDRESS (if different from above): _____

PHONE NO.: _____ (W)

_____ (H)

_____ (MOBILE)

_____ (FAX)

_____ (EMAIL)

Date of birth: _____ Place of birth: _____

TFN _____ ABN _____

NAME: _____

HOME ADDRESS: _____

POSTAL ADDRESS (if different from above): _____

PHONE NO.: _____ (W)

_____ (H)

_____ (MOBILE)

_____ (FAX)

_____ (EMAIL)

Date of birth: _____ Place of birth: _____

TFN _____ ABN _____

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If in business, are you registered for:

- PAYG Withholding YES/NO
- Fringe Benefits Tax (FBT) YES/NO
- Payroll Tax YES/NO
- Workers' Compensation YES/NO
- Land Tax YES/NO

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?

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

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?

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

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
- 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?

