

NEW CLIENT FORM DETAIL - PARTNERSHIPS

NAME: _____

TRADING NAME: _____

PRINCIPAL CONTACT PERSON: _____

ADDRESS: _____

POSTAL 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"/> Payroll Tax | YES/NO |
| <input type="radio"/> Workers' Compensation | YES/NO |
| <input type="radio"/> 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

NEW CLIENT FORM DETAIL - PARTNERSHIPS

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 _____

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?

NEW CLIENT FORM DETAIL - PARTNERSHIPS

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?
