

NEW CLIENT FORM DETAIL - SUPERANNUATION FUNDS

NAME: _____

NAME OF TRUSTEE: _____

ADDRESS: _____

POSTAL ADDRESS: _____

PHONE NO.: _____ (W)

_____ (MOBILE)

_____ (FAX)

_____ (EMAIL)

GST Regist: _____

Tax File No: _____

ABN: _____

Are you registered for:

PAYG Withholding 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:
