



Client Enrolment

	Client Information Required	
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Individual 1.	Full Name	Occupation
	Date of Birth	
	Tax File Number	ABN (if any)
	Residential Address	
	Postal Address	
	Preferred Contact Email	
	Preferred Phone Contact	
	Copy of last Tax Return Lodged (including Financial Statements if applicable)	YES/NO Year

Individual 2.	Full Name	Occupation
	Date of Birth	
	Tax File Number	ABN (if any)
	Residential Address	
	Postal Address	
	Preferred Contact Email	
	Preferred Phone Contact	
	Copy of last Tax Return Lodged (including Financial Statements if applicable)	YES/NO Year

ADDITIONAL INFORMATION IF APPLICABLE

Trading Company	Name of Company	
	ACN	
	Tax File Number	ABN (if any)
	Preferred Contact Person	
	Business Address	
	Postal Address	
	Preferred Contact Email	
	Preferred Phone Contact	
	Copy of Company Constitution & Certificate of Incorporation	YES/NO
	Copy of last Tax Return Lodged (including Financial Statements if applicable)	YES/NO Year

Client Information Required

Trust

Name of Trust

Tax File Number

ABN (if any)

Copy of Trust Deed (and any amendments if applicable)

YES/NO

Copy of last Tax Return Lodged

YES/NO

Year

(including Financial Statements if applicable)

**Corporate Trustee
(if Applicable)**

Name of Company

ACN

Preferred Contact Person

Postal Address

Preferred Contact Email

Copy of Company Constitution & Certificate of Incorporation

YES/NO

**Additional
Information**

Name of Previous Accountancy Firm

Contact Person

Address

Telephone Number

Did this Firm look after your ASIC Compliance

YES/NO

Accountancy Software Used - if any - eg: Xero/MYOB