

HSPlus Accountants & Advisory

Client Enrolment Form



Please Provide the Following Information:

Individual 1

Full Name	Occupation
Date of Birth	
Tax File Number (TFN)	ABN (if applicable)
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 (TFN)	ABN (if applicable)
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	
CAN	
Tax File Number (TFN)	ABN (if applicable)
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

Trust

Name of Trust		
Tax File Number (TFN)	ABN (if applicable)	
Copy of Trust Deed (and any amendments if applicable)	YES/NO	
Copy of last Tax Return Lodged (Including Financial Statements if applicable)	YES/NO	Year

Corporate Trustee - If Applicable

Name of Company	
CAN	ABN (if applicable)
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	ABN (if applicable)
Address	
Contact Number	
Did this firm look after your ASIC Compliance?	YES/NO
Accountants Software Used - if applicable - e.g. Xero/MYOB	