## 2025 CLIENT ENROLMENT FORM

(Including last Financial Statements if applicable)

Please provide the following	informa	tion:			
Individual 01					
First Name:		Last Name:			
Date of Birth:		Occupation:			
ABN (If applicable):		Tax File Number:			
Director ID Number:					
Residential Address:					
Suburb:		Postcode:		State:	
Postal Address:					
Suburb:		Postcode:		State:	
Preferred Phone Number:					
Preferred Email Address:					
Copy of Tax Return Lodged (Including last Financial Statements if applicable)	YES	/ NO	Year:		
Individual 02					
First Name:		Last Name:			
Date of Birth:	Occupation:				
ABN (If applicable):	Tax File Number:				
Director ID Number:					
Residential Address:					
Suburb:		Postcode:		State:	
Postal Address:					
Suburb:		Postcode:		State:	
Preferred Phone Number:					
Preferred Email Address:					
Copy of Tax Return Lodged	YES	/ NO	Year:		

## Additional information – If applicable Trading Company Name of Company: **ACN** Tax File Number: Director ID Number: ABN (If applicable): Residential Address: Suburb: Postcode: State: Postal Address: Suburb: Postcode: State: Preferred Contact Name: Preferred Phone Number: Preferred Email Address: Copy of Company Constitution & Certificate of Incorporation YES / NO Copy of last Tax Return lodged YES / NO Year: (Including last Financial Statements if applicable) Trust Name of Trust: Tax File Number Director ID Number: ABN (If applicable): 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** Name of Trust: Tax File Number Director ID Number: ABN (If applicable):



Copy of Last Tax Return Lodged

(Including Financial Statements if applicable)

Copy of Trust Deed (and any amendments if applicable)

Year:

YES

YES

/ NO

/ NO

## Additional information – If applicable

Previous Accountancy Firm					
Name of previous Accountancy Firm:					
Contact Name:	Contact Number:				
ABN (If applicable):					
Business Address:					
Suburb:	Postcode:	State:			
Did this firm look after your ASIC Compliance?	YES / NO				
Accountant Software Used: (If applicable – e.g. Xero/MYOB)					

