



New Client Profile – Individual

Client First & Middle Name/s:

Client Surname:

Client Tax File Number:

Date of birth:

Client Occupation:

Spouse Occupation:

Spouse Full Name:

(if applicable)

Spouse Tax File Number:

Spouse D.O.B.

Client Postal Address:

Residential Address:

Bank Account BSB for refund

Bank Account Number &

Acct. Name:

Email address:

Client Contact numbers:

Work:

Mobile:

Home:

Other:

Previous accountant:

Last year lodged:

Sign in office/ Post / Email
or Electronic Signature :

How did you hear about us? Google, word of mouth, Other _____

If you have a Company, Trust, SMSF, ABN or Partnership, **please circle & advise the accountant.**

The below is for Office Use only

Interviewed by:

ID CHECK: Document/s DL PASSPORT MEDICARE CARD OTHER

Date/Notes

**PLEASE NOTE WE ARE REQUIRED BY LAW TO VIEW PHOTOGRAPHIC
I.D. e.g. Drivers Lic/Passport, PRIOR TO COMENCEMENT OF WORK.**

OUR TERMS OF TRADE ARE – PAYMENT OF INVOICE PRIOR TO LODGEMENT.

Signed: _____ Date: _____