



NEW CLIENT DETAILS FORM

PERSONAL DETAILS

Client Type:			
Entity Name:			
Names: Surname Given Names			
Title:		Date of Birth:	
Occupation:			
Postal Address:			
Residential Address:			
Email Address:			
Home Phone:		Business Phone:	
Mobile:		Fax:	
Tax File Number:		ABN:	
Instructions to note when contacting you:			

ACTIVITY STATEMENTS

Bourne + Weir to receive from ATO & complete:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Bourne + Weir to receive from ATO & forward to client to complete:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Client to Receive from ATO & complete:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Registered for GST	<input type="checkbox"/> Yes <input type="checkbox"/> No

RELATIONSHIPS/ RELATED ENTITIES

SIGNATURE

Client Signature: 	Date: /...../.....
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OFFICE USE ONLY

ATTRIBUTES

Partner:		Manager:	
Responsibility:		Date became Client:	
Debtor:		Fee Quoted:	
Referred by:		Previous Accountant:	

SUPERANNUATION ONLY – Please Tick

<input type="checkbox"/> Financial Planning	<input type="checkbox"/> Periodical Payment
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CHECK LIST – Please Tick after completion

<input type="checkbox"/> Ethical letter sent to previous Accountant	<input type="checkbox"/> Engagement letter sent to client
<input type="checkbox"/> Newsletter	<input type="checkbox"/> APS
<input type="checkbox"/> MYOB	<input type="checkbox"/> CAS
<input type="checkbox"/> Simple Fund	<input type="checkbox"/> ATO Portal
<input type="checkbox"/> Appoint as ASIC Registered Agent	<input type="checkbox"/> ASIC - change registered address

NOTES
