

ATTWELL PARTNERS

PUBLIC ACCOUNTANTS * BUSINESS ADVISORS * TAX AGENTS

NEW CLIENT FORM

To protect your privacy please print out this form, complete and sign then return to us at:
PO Box 100 Duncraig 6023

Date: _____ Referred by _____

Client Name (in full) _____

Preferred Name _____

DOB _____ Occupation _____

Tax File Number _____ ABN _____

Name of Spouse/DeFacto _____ DOB _____

Dependants (Names & DOB) _____

Health Fund _____ Membership # _____

Postal Address (all correspondence) _____

Residential Address _____

Business Address (if applicable) _____

Phone: (H) _____ (W) _____ (M) _____

Email _____

The information herein is true and correct to the best of my knowledge and belief.

Signed.....

Date.....

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FOR INDIVIDUALS (IF APPLICABLE)
(If you have any of the following list their names)

Client Name/Trading Entity: _____

Partners etc _____

Dependants _____

Business Structure

Sole Trader _____

Partnership _____

Company _____

Trust _____

Documents and information required to complete your Tax Return:

- Health Benefit Statement (for Rebate)
- Payment Summary
- Bank account details
- Email address

The information herein is true and correct to the best of my knowledge and belief.

Signed.....

Date.....