

CLIENT INFORMATION – 'P'

For Office Use Only

CLIENT CODE:

TFN:

ABN:

PARTNERSHIP NAME:

TRADING NAME:

CONTACT NAME:

BUSINESS ADDRESS:

STATE:

P/CODE:

MAILING ADDRESS:

STATE:

P/CODE:

INDUSTRY:

CODE *(office use only)*

PARTNERS NAME:

PHONE NUMBERS: (H)

(W)

(M)

(F)

EMAIL:

How did you hear about our firm? (please circle)

Referral

Passing By

Yellow Pages

Other

In which areas can we be of assistance to you? (please tick)

Taxation: Personal/Partnership

Redundancy Advice

Business Management

Taxation: Company/Trust

Investment Advice

Budgets & Projections

Taxation: Capital Gains

Finance & Leasing

Computer Information Systems

GST/BAS/IAS

Superannuation

Payroll Service

Bookkeeping/Manual/Computerised

Personal/Business Risk Insurance

Other

Do you have?

Personal Risk Insurance

yes/no

Sickness & Accident Insurance

yes/no

A Savings Plan

yes/no

Business Risk Insurance

yes/no

A Superannuation Fund

yes/no

Life Insurance

yes/no

A Current Will

yes/no

A Business Plan

yes/no

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Office Use Only

Interviewed by:

Date:

Accountant:

Change of address date:

Related Files:

Notes: