

Client Profile – Trust

Client code: _____ TFN: _____

Trust name: _____

Trading name: _____

Date of establishment: _____ ABN: _____

Trust type: _____

Address:

Postal: _____

Business: _____

Contact name: _____

Contact numbers: Work: _____ Fax: _____

Home: _____ Mobile: _____

Email: _____

Previous accountant:

Address: _____

Last year lodged: _____

Solicitor:

Address: _____

Banker:

Address: _____

Insurance broker:

Address: _____

Finance broker:

Address: _____

Occupation and/or business activities: _____

GST Registration: Accrual Cash Monthly Quarterly Annually

Trustee: _____

Settlor: _____

Beneficiaries

Date of birth: _____

Date of birth: _____

Source of referral: _____

Office Use Only

Interviewed by: _____ Date: _____

Change of address date: _____

Related files: _____

Notes: _____