



Please fill in the shaded detail areas.

New Client Details Form

| | | | | | | |
|---|---|--|---|--|--|--|
| Title: | <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Prof. | | | | | |
| Surname: | | | | | | |
| First Name/s: | | | D.O.B: | | | |
| TFN: | | | | | | |
| ABN: | | | | | | |
| Entity (File): | | | | | | |
| Directors: | | | ACN: | | | |
| Trustee Name: (OfficeTech file) | | | | | | |
| Postal Address: | | | | | | |
| Home Address: | | | | | | |
| Work ☎: | | | Occupation: | | | |
| Mobile ☎: | | | | | | |
| Home ☎: | | | Fax ☎: | | | |
| Email: | | | | | | |
| Marital Status: | <input type="checkbox"/> YES <input type="checkbox"/> NO | | Partner's Name: | | | |
| Children's Names + D.O.B: | | | | | | |
| Activity Lodgement: | <input type="checkbox"/> BAS <input type="checkbox"/> IAS | | Practice to Receive | <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| Accounting Software: | | | Referred By: <input type="checkbox"/> Client Referral <input type="checkbox"/> White Pages <input type="checkbox"/> Website/ Google <input type="checkbox"/> Other | | | |
| Last Return Lodged: | | | | | | |
| Previous Accountant: | | | | | | |
| Receive Newsletters: | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | |

For Office Use Only

| Admin: | Required | Initials | Date | Admin: | Required | Initials | Date |
|-----------------|----------|----------|------|-----------|----------|----------|------|
| Portal | | | | BOMA | | | |
| OfficeTech File | | | | ASIC- SH | | | |
| Xero PM | | | | Class- SH | | | |