

NEW CLIENT DETAILS

Individual/Entity Name	Tax File Number	Australian Business Number	Date of Birth
1.			
2.			
3.			
4.			
5.			
6.			

Postal Address:

Residential Address: (if different from postal)

CONTACT DETAILS (please indicate primary contact person)

Name:	<input type="text"/>	Name:	<input type="text"/>
Contact No.:	<input type="text"/>	Contact No.:	<input type="text"/>
Email:	<input type="text"/>	Email:	<input type="text"/>
Primary Contact:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Primary Contact:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Children:	<input type="text"/>	Children:	<input type="text"/>
Occupation:	<input type="text"/>	Occupation:	<input type="text"/>
Private Health Ins:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Private Health Ins:	Yes <input type="checkbox"/> No <input type="checkbox"/>
BSB:	<input type="text"/>	BSB:	<input type="text"/>
Bank Details: Acc No.:	<input type="text"/>	Bank Details: Acc No.:	<input type="text"/>

Do you give your permission for Proactive Accounting to request all files, registers, financial records and related documents from your previous accountants? Yes No

If **YES**, please list your previous Accounting Firm and their address below:

Accountant Name:

Accountant Address:

IF YOU HAVE A COMPANY:

Do you wish to appoint Proactive Accounting & Financial Services Pty Ltd as your ASIC registered agent? (\$198 pa) Yes No

If **YES**, do you wish to change your company's registered office address to Proactive Accounting & Financial Services? Yes No

WHAT IS YOUR PREFERRED METHOD OF CONTACT? Phone SMS Email

I'd like to be kept informed of changes that could affect me Yes No

One last thing...how did you find us?

CLIENT AUTHORISATION:

Signature (1):	<input type="text"/>	Signature (2):	<input type="text"/>
Date:	<input type="text"/>	Date:	<input type="text"/>

To finalise, click on 'Click to Sign' button.