

# Client Information Form

## ADMIN TO COMPLETE

ID Check:	By:	Date:	Time:	AM / PM
Identification Documents:	Photo ID (only 1 x required) <ul style="list-style-type: none"> <li><input type="checkbox"/> Driver's Licence</li> <li><input type="checkbox"/> Passport</li> <li><input type="checkbox"/> Photo ID Card</li> <li><input type="checkbox"/> Other</li> </ul> Other ID: x 2 required if no photo ID provided <ul style="list-style-type: none"> <li><input type="checkbox"/> Birth Certificate</li> <li><input type="checkbox"/> Medicare card</li> <li><input type="checkbox"/> Key card</li> <li><input type="checkbox"/> Other _____</li> </ul>			
Documents Sighted:	<input type="checkbox"/> Originals	<input type="checkbox"/> Certified Copies		

## CLIENT TO COMPLETE

Title: (please circle)	Mr / Mrs / M / Miss / Dr / Other:
First Name:	
Middle Name:	
Surname:	
Preferred / Other:	
Date of Birth:	Day:                      Month:                      Year:
Place of Birth:	
Tax File Number:	To securely record your TFN, please call our office to quote
Director ID:	
Home Address:	
	Suburb:                      State:                      Post Code:
Postal Address:	
	Suburb:                      State:                      Post Code:
Mobile Number:	M:
Contact Number:	H:                      W:
Email Address:	

Bank Account Name:	To securely record your bank details, please call our office to quote	
Bank Account details:	BSB:	Account #:
Occupation:		
Spouse / Other Full Name:		
Referral Source:		

I give authority for \_\_\_\_\_ **(previous accountant)** to provide any necessary and reasonable information to Acumon Pty Ltd in relation to the financial and tax affairs for myself and any related entities.

Children / Dependents Details	Full Name	Date of Birth

Business Type:		Business Name:	
ABN:		TFN:	To securely record your TFN, please call our office to quote

**AUTHORITY TO REPRESENT:**

I \_\_\_\_\_ hereby request Acumon Pty Ltd to act as my representative with the Australian Taxation Office (ATO) and authorise them to add me and my associated entities under their tax agent listing and use their address for the service of ATO communications.

Client's Signature: \_\_\_\_\_ Date \_\_\_\_\_

*Thank you!*