



RANGE
PARTNERS
Certified Practising Accountants

NEW CLIENT INFORMATION SHEET

DATE: _____

INDIVIDUAL:

TITLE: _____ NAME: _____ DATE OF BIRTH: _____

TFN: _____ OCCUPATION: _____ ☐ MALE ☐ FEMALE

SPOUSE NAME: _____ DATE OF BIRTH: _____ TFN: _____

OCCUPATION: _____ ☐ MALE ☐ FEMALE

ADDRESS: _____

POSTAL: _____

PHONE: _____ FAX: _____ MOBILE: _____ EMAIL: _____

CHILDREN:

NAME: _____ DATE OF BIRTH: _____ TFN: _____

NAME: _____ DATE OF BIRTH: _____ TFN: _____

NAME: _____ DATE OF BIRTH: _____ TFN: _____

NAME: _____ DATE OF BIRTH: _____ TFN: _____

PRIVATE HEALTH FUND: YES/NO MEMBER NO: _____

INVESTMENT PROPERTY: YES/NO _____

DO YOU REQUIRE ACCOUNTING SERVICES FOR A BUSINESS : YES/NO

IF SO SELECT TYPE AND COMPLETE NEW BUSINESS INFORMATION SHEET (CONTACT RECEPTION FOR COPY)

TYPE: SOLE TRADER ☐ PARTNERSHIP ☐ COMPANY ☐ TRUST ☐

SHARES//ENTITIES/OTHER

INVESTMENTS: YES/NO _____

SELF MANAGED SUPER FUND: _____

BANK DETAILS:

ACCOUNT NAME: _____

BANK _____

BSB _____ - _____

ACCOUNT NO: _____

DO YOU REQUIRE INFORMATION ON THE FOLLOWING SERVICES WE PROVIDE?

- FINANCIAL PLANNING SERVICE ☐
- ESTATE PLANNING ☐
- LENDING SERVICES ☐
- BUSINESS DEVELOPMENT SERVICES ☐

HOW DID YOU FIND US?

- REFERRAL ☐
- GOOGLE ☐
- WEBSITE ☐
- FACEBOOK ☐
- TWITTER ☐
- OTHER _____

I HEREBY AUTHORISE RANGE PARTNERS TO ACT AS MY TAX AGENT FOR ANY MATTERS NECESSARY AND, GIVE ACCESS TO MY INFORMATION AVAILABLE ONLINE THROUGH THE ATO PORTAL

CLIENT SIGNATURE: _____

DATE: _____

OFFICE USE ONLY: (TO BE TICKED WHEN COMPLETED)

CLIENT REFERENCE _____

PARTNER _____

STAFF _____

ETHICAL ☐ _____ PORTAL ☐ _____ PRACTICE MGR ☐ _____

ENGAGEMENT LET. ☐ _____ CLIENT FOLDER ☐ _____ ADDED TO JOB FLOW ☐ _____