New Client Checklist - Individual

Please complete all sections of the document and return to 542 Partners.

Should you have any queries please do not hesitate to call.

|  |  |
| --- | --- |
| Full Name |  |
| Postal Address |  |
| Residential Address *(if different)* |  |
| Email address |  |
| Date of Birth |  | **Place of Birth** |  |
| Director Identification Number |  |
| Mobile Number |  |
| Tax File Number |  |
| ABN *(if applicable)* |  |
| Bank Account Details | **BSB** |  | **Acc No** |  | **Name** |  |
| Occupation |  |
| Spouse Name |  | **Spouse DOB** |  | **Spouse TFN** |  |
| Dependants | *<Please include names and ages>* |
| How did you hear about 542 Partners? |  |
| Former Accountant Name |  | **Former Accountant Email** |  |
| Would you like to subscribe to our mailing list to be kept up to date with important dates and industry/tax updates? | *<please type yes or no>* |