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>* | | | | | |