



**NEW CLIENT FORM**

**CLIENT DETAILS**

**CLIENT ONE**

**CLIENT TWO**

**\*\*IMPORTANT: Please provide your full legal name\*\***

Surname:				Surname:			
Title / First Name:				Title / First Name:			
Middle Name:				Middle Name:			
Tax File Number:				Tax File Number:			
Date of Birth:				Date of Birth:			
Place of Birth:				Place of Birth:			
Occupation:				Occupation:			
<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Casual		<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Casual	
<input type="checkbox"/> Self-Employed	<input type="checkbox"/> Retired	<input type="checkbox"/> Other		<input type="checkbox"/> Self-Employed	<input type="checkbox"/> Retired	<input type="checkbox"/> Other	
Postal Address:				Postal Address:			
City:	State:	P/Code:		City:	State:	P/Code:	
Residential Address:				Residential Address:			
City:	State:	P/Code:		City:	State:	P/Code:	
Home Phone:				Home Phone:			
Work Phone:				Work Phone:			
Mobile:				Mobile:			
Email Address:				Email Address:			
Bank Account Details:				Bank Account Details:			
Account Name:				Account Name:			
BSB:				BSB:			
Account Number:				Account Number:			
<b>Company Name:</b>				<b>Company Name:</b>			
Business Address:				Business Address:			
City:		State:		Post Code:			
Company Capacity:		<input type="checkbox"/> Trustee Only		<input type="checkbox"/> Trading		Business Activity:	
TFN:	ABN:	GST:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	PAYG:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Trust Name:</b>				<b>Trust Name:</b>			
TFN:	ABN:	GST:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	PAYG:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Partnership Name:</b>				<b>Partnership Name:</b>			
TFN:	ABN:	GST:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	PAYG:	<input type="checkbox"/> Yes	<input type="checkbox"/> No





# KENNEDY BARNDEN

CHARTERED ACCOUNTANTS

## NEW CLIENT FORM

<b>Superannuation Fund Name:</b>									
TFN:		ABN:		GST:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	PAYG	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Occupation:				Business Activity:					
Dependants									
Christian Name:				Date of Birth:					
Christian Name:				Date of Birth:					
Christian Name:				Date of Birth:					
Christian Name:				Date of Birth:					
<b>FINANCIAL DETAILS</b>			<b>CLIENT ONE</b>				<b>CLIENT TWO</b>		
Annual Income			\$				\$		
Life Insurance			<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$		<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Total & Permanent Disability			<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$		<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Trauma			<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$		<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Income Protection			<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$		<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
<b>FIRM SERVICES REQUIRED</b>									
Tax & Accounting			<input type="checkbox"/> Yes	<input type="checkbox"/> No	Business Advice			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Annual financial statements			<input type="checkbox"/> Yes	<input type="checkbox"/> No	Asset protection / CGT structure advice			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Income tax returns (and advice)			<input type="checkbox"/> Yes	<input type="checkbox"/> No	Management accounting / internal accounting software / process review			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fringe Benefits Tax advice / calculations			<input type="checkbox"/> Yes	<input type="checkbox"/> No	Business planning			<input type="checkbox"/> Yes	<input type="checkbox"/> No
ASIC compliance / annual returns			<input type="checkbox"/> Yes	<input type="checkbox"/> No	Budgeting and monitoring			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Data entry / book keeping			<input type="checkbox"/> Yes	<input type="checkbox"/> No	Personal Finances:			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Payroll services			<input type="checkbox"/> Yes	<input type="checkbox"/> No	Superannuation / Retirement Planning			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Preparation of BAS statements			<input type="checkbox"/> Yes	<input type="checkbox"/> No	Financial Planning and Insurances			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other Taxes:			<input type="checkbox"/> Yes	<input type="checkbox"/> No	Investment Advice			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Payroll Tax			<input type="checkbox"/> Yes	<input type="checkbox"/> No	Debt Review			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Land Tax			<input type="checkbox"/> Yes	<input type="checkbox"/> No	Personal Goal Setting			<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>OTHER INFORMATION</b>									
Previous Accountant Name/Contact:									
Do you use a Financial Planner?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, name			Phone No:	
Do you have a Solicitor			<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, name			Phone No:	
Do you use an Insurance Broker			<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, name			Phone No:	
Do you have a Business Auskey?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	Name of Accounting Software:				



**NEW CLIENT FORM**

**HOW DID YOU HEAR ABOUT US?**

Referral: <input type="checkbox"/> Yes <input type="checkbox"/> No	By Whom:	
<input type="checkbox"/> Website	<input type="checkbox"/> Phone Book	<input type="checkbox"/> Other:
Reason for changing:		

**FINANCIAL PLANNING, WEALTH MANAGEMENT & ASSET PROTECTION**

Do you have a Will in place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Dated:	
Where is it held?				
Do you have a Power of Attorney in place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Dated:	
Where is it held?				

Please list any concerns that you have with your current situation that you would like to focus on?

Do you currently receive or have you sought financial planning advice before? If "Yes", please describe your experience?

Briefly describe your past experience with investments (ie, shares, managed funds, term deposits) and personal insurances (ie, life, TPD, trauma, income protection cover)?

Are there any particular strategies, investments, fund managers or insurance companies you are particularly interested in or prefer to avoid?

**OTHER COMMENTS?**

