



CLIENT INFORMATION

TITLE: Mr Mrs Miss Ms Other _____ PREFERRED NAME: _____

NAME (in full): _____

DATE OF BIRTH: ____ / ____ / _____ TAX FILE #: ____ - ____ - ____ - ____

PLACE OF BIRTH: Suburb: _____ State: _____ Country: _____

SELF EMPLOYED: Yes ☐ No ☐ ABN #: ____ - ____ - ____ - ____

ABF Partners to prepare your Activity Statements? Yes ☐ No ☐ Not Applicable ☐

Driver Licence Number: ____ - ____ - ____ - ____ Medicare Card Number ____ - ____ - ____ - ____

**For identity purposes we require a copy of your drivers licence*

INSURANCE & SUPERANNUATION:

Do you have? Life Insurance: Yes ☐ No ☐ Income Protection: Yes ☐ No ☐ TPD: Yes ☐ No ☐

Rate the performance of your Superannuation: Excellent ☐ Good ☐ Poor ☐ Don't know ☐

Would you like ABF Planning to contact you to review your insurance and superannuation? Yes ☐ No ☐

Do you have a HECS/HELP Debt? Yes ☐ No ☐

Have you set up a myGov account? Yes ☐ No ☐

Do you have Private Health Insurance: Yes ☐ No ☐

Private Health Insurer: _____

Member Number: _____

TELEPHONE:

Home: _____ Fax: _____

Work: _____ Mobile: _____

ADDRESS: Postal: _____

Residential: _____

("as above" if same as Postal): _____

Email: _____

Preference for correspondence: Mail ☐ Email ☐ Collect from office ☐

OCCUPATION: _____

"PRIVACY ACT"

Some people find it convenient for their partner/spouse to make enquiries on their behalf.

Do you authorise ABF Partners P/L to discuss your accounting and taxation matters with your partner/spouse or any other person, when necessary? (You can cancel or change this authority at any time.)

Yes ☐ No ☐

Name of Authorised Person/Partner/Spouse

Signature: _____

PLEASE TURN OVER



PREVIOUS TAX RETURN: Year: _____ Date Lodged: ____ / ____ / ____

CHANGED NAME since last Return? Yes ☐ No ☐

If YES Full Name Used: _____

Date of Change: ____ / ____ / ____

PREV. ACCOUNTANT / TAX AGENT:

Name: _____

Address: _____

PARTNER/SPOUSE NAME: _____ **DOB:** ____ / ____ / ____

DEPENDANTS U/25: Yes ☐ No ☐

If YES Name: _____ **DOB:** ____ / ____ / ____

Name: _____ **DOB:** ____ / ____ / ____

Name: _____ **DOB:** ____ / ____ / ____

Name: _____ **DOB:** ____ / ____ / ____

Bank Account Details for ATO Refunds

Account Name: _____

BSB: _____ **Account Number:** _____

REFERRED TO US BY (please tick the appropriate box)

Internet: ☐ Referral: ☐ By: _____

Sign out front: ☐ Yellow Pages: ☐

Gazette: ☐ Other (please specify): ☐ _____

Would you like to receive ABF Partners regular updates and newsletters? Yes ☐ No ☐ *This will be sent to the email address provided on page 1*

I declare that all the information I have given is true and correct. I hereby give permission for ABF Partners to check that these details are valid.

I agree to appoint ABF Partners as my accountant and authorise ABF Partners to add me to their ATO Tax Agent list, enabling ABF Partners to liaise with the ATO for all my tax matters.

Signed: _____ **Date:** ____ / ____ / ____

Print Name: _____