

NEW CLIENT FORM

CLIENT 1
Title: Mr, Mrs, Ms, Miss, Dr
Surname:
First Names:
Marital Status:
Occupation:
DOB: / /19
Home Address:
Postcode
Postal Address:
Postcode
Telephone Home: ()
Telephone Work: ()
Fax Number: ()
Mobile Number:
Email:
Tax File No.:

CLIENT 2
Title: Mr, Mrs, Ms, Miss, Dr
Surname:
First Names:
Marital Status:
Occupation:
DOB: / /19
Home Address:
Postcode
Postal Address:
Postcode
Telephone Home: ()
Telephone Work: ()
Fax Number: ()
Mobile Number:
Email:
Tax File No.:

FAMILY / DEPENDANTS			
	Name	Relationship	Date of Birth
1.			/ /
			Yes <input type="checkbox"/> No <input type="checkbox"/>
2.			/ /
			Yes <input type="checkbox"/> No <input type="checkbox"/>
3.			/ /
			Yes <input type="checkbox"/> No <input type="checkbox"/>

OTHER PROFESSIONAL ADVISORS (If known)			
	Firm	Contact Name	Phone
Solicitor			
Financial Advisor			

OFFICE USE ONLY - NEW CLIENTS REFERRED			
DATE	CLIENT 1	DATE	CLIENT 2
//		_/_/	

LENDING	CLIENT 1	CLIENT 2
Do you have an existing mortgage and amount?	Yes <input type="checkbox"/> Amount \$ _____ No <input type="checkbox"/>	Yes <input type="checkbox"/> Amount \$ _____ No <input type="checkbox"/>
Which 'bank' and the current interest rate?	_____ %	_____ %
Monthly Repayments	Amount \$ _____	Amount \$ _____
Do you have an existing Investment loan? If so, what is it for and the amount.	Yes <input type="checkbox"/> No <input type="checkbox"/> Amount \$ _____ Details _____	Yes <input type="checkbox"/> No <input type="checkbox"/> Amount \$ _____ Details _____
Do you have, or are you considering buying an investment property?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you looking to refinance any business debt?	Yes <input type="checkbox"/> Amount \$ _____ No <input type="checkbox"/>	Yes <input type="checkbox"/> Amount \$ _____ No <input type="checkbox"/>
ESTATE PLANNING		
Do you have a Current Valid Will?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, when was it last reviewed?	Year: _____	Year: _____
Do you have Life Insurance?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
- Through Your Superannuation?	Amount \$ _____	Amount \$ _____
- Non Superannuation	Amount \$ _____	Amount \$ _____
YOUR BUSINESS		
Is your Bookkeeping Computerised? If yes, which Software program do you use and What Version?	Yes <input type="checkbox"/> No <input type="checkbox"/> _____	Yes <input type="checkbox"/> No <input type="checkbox"/> _____
Business Turnover Do you prepare your own BAS? BAS Prepared on What Basis? BAS Lodged how often?	Under \$1M <input type="checkbox"/> or over \$1M <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Cash <input type="checkbox"/> or Accruals <input type="checkbox"/> Month <input type="checkbox"/> Quarter <input type="checkbox"/> Year <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Cash <input type="checkbox"/> or Accruals <input type="checkbox"/> Month <input type="checkbox"/> Quarter <input type="checkbox"/> Year <input type="checkbox"/>
Related entities - Company, Trust - Super Fund - Partnership	_____ _____ _____	_____ _____ _____
Do you currently Lease any Cars or Equipment? Are you planning to Finance any Cars or Equipment in the next 12 months?	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have Income Protection Insurance?	Yes <input type="checkbox"/> No <input type="checkbox"/> \$ _____ per month or \$ _____ Annually	Yes <input type="checkbox"/> No <input type="checkbox"/> \$ _____ per month or \$ _____ Annually