

C & H ACCOUNTING GROUP

ABN: 66 632 088 049

TAXATION

BUSINESS ADVICE

SUPERANNUATION

AUDIT

Update/New Client Details Form – Individual

We would appreciate you taking the time to complete the following details. If you have any questions in relation to the form, please do not hesitate to ask for assistance.

Individual Information

Person 1 Details

Person 2 Details

Title	Mr. / Miss. / Mrs. / Ms. / Dr. (Other:_____)	Mr. / Miss. / Mrs. / Ms. / Dr. (Other:_____)
First Name	_____	_____
Surname	_____	_____
Date of birth	_____	_____
Tax File Number	_____	_____
ABN	_____	_____
Mobile Telephone	_____	_____
Home Telephone	_____	_____
Email	_____	_____
Residential Address	_____	_____
	_____	_____
Postal Address	<input type="checkbox"/> Same as above	<input type="checkbox"/> Same as above
	_____	_____
	_____	_____
Occupation	_____	_____

Bank Details

Account Name	_____	_____
BSB	_____	_____
Acc No.	_____	_____

Business Information

	<input type="checkbox"/> Company	<input type="checkbox"/> Trust	<input type="checkbox"/> Superannuation Fund
Business Name	_____		
ABN	_____	ACN	_____
Tax File Number	_____		
Business Telephone	_____		
Email	_____		
Website	_____		

Are there any special instructions you would like us to note when contacting you?

Where did you hear about us?

I/We consent to C & H Accounting Group to act on our behalf for taxation purposes:

Client Signature/s _____

OFFICE USE ONLY

☐ Driver's License / Passport

☐ Bank Statement

☐ Medicare Card/Utility Bill