

NEW CLIENT FORM

Full Names - Client & Entities	Tax File Number	DOB Ind/ABN Entity
Ind 1- _____	_____	_____
Ind 2 - _____	_____	_____
Entity 3 - _____	_____	_____
Entity 4 - _____	_____	_____
Entity 5 - _____	_____	_____

Residential Address: _____

Business Address: _____

Postal Address: _____

Phone – Home: _____ Mobile: _____

Business: _____ Mobile: _____

Fax: _____

Email: _____

You were referred by: _____

Previous Accountants Name & Address: _____

Please provide copies of your last Tax Returns/Financials

Yes No - Are you interested in a monthly or quarterly Bookkeeping service?

Yes No – Are your insurance policies up to date and adequate?

Yes No – Do you have a Legal Will that is current and up to date?

Yes No – Do you currently have a financial advisor? (Name and Firm) _____

N/A **If you own a Company who is:**

Registered Office: Client LSAT Office

Completing Company Statement: Client Completes LSAT to Complete

From time to time, we may receive requests to furnish your financial details to third parties. In order to comply with privacy laws please acknowledge that we accept your verbal authority as legal confirmation in these circumstances. I/We authorise Andrew Zimmerman and Living Strategies Accounting and Tax to sign on my behalf NIL Activity Statements, RBL & ETP Forms and Annual PAYG reconciliation where applicable. I/We wish to engage Living Strategies to undertake my future tax and accounting requirements.

Signature: _____ **Date:** _____