



New Client Information Form

1. Entity: ☐ individual ☐ company ☐ partnership ☐ SMSF ☐ Trust
2. Name of entity:
3. DOB (dd/mm/yy):
4. Tax File Number:
5. ACN: ABN:
6. Registered address:
7. Post address:
8. Name of contact person:
9. Landline:
Mobile..... Email :
10. Occupation :
11. Bank details: (Tax refund purpose only)
Account name:
BSB:Account number.....
12. Are you Australian tax resident, non tax resident or temporary tax resident?
☐ Tax resident ☐ Non tax resident ☐ Temporary resident ☐ Not sure
13. Are you entitle to Australian medicare? ☐ Yes ☐ No
14. Do you have Private Health Fund: ☐ Yes ☐ No

Please attach your photo ID as attachment.

I agree to engage Progressive Accounting and Taxation as my / our tax agent

Client's Signature

Date: