



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

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

Client's Signature

Date: