



New Client Form – Individual

- 1. First name: Last name:
- 2. DOB (dd/mm/yy):
- 3. Tax File Number:
- 4. ABN (if applied):
- 5. Residential address:
- 6. Contact Mobile..... Email:
- 7. Occupation:
- 8. Bank details: (Tax refund purpose only)
Account name:
BSB:Account number.....
- 9. Are you a working holiday visa holder? Yes No
- 10. Are you a temporary resident visa holder? Yes No
- 11. What is your tax status?
 Tax resident non-tax resident Temporary resident Not sure
- 12. Are you entitling to Australian Medicare? Yes No
- 13. 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: _____

Proof of Identity (ID checked via Face/remote video)

Document name and number:

ID checked by: _____ Date: _____

