

Client First & Middle Name:

Client Last Name:

Tax File Number:

Date of birth:

Spouse name:
(if applicable)

Tax File Number:

Date of birth:

Postal Address:

Residential Address:

Work Address: (if applicable)

Business Address: (if applicable)

Email:

(please only provide if you are happy for us to email correspondence to you)

Client Contact numbers:

Work:

Fax:

Home:

Mobile:

Banking Details:

BSB:

Account No:

Occupation:

Previous accountant:

Accountants Address:

Accountants Contact numbers:

Telephone:

Fax:

Last year lodged:

If you have a company, trust or partnership please ensure you advise the accountant.

How did you hear about Agilis Accountants & Advisors?

Visiting another business in complex

Word of Mouth

Other (please state) _____

The below is for Office Use only

Interviewed by:

Client Code:

Date:

**PLEASE NOTE THAT OUR TERMS OF TRADE ARE AS FOLLOWS –
ALL NEW CLIENTS WILL BE REQUIRED TO PAY THE INVOICE ON COMPLETION OF WORK.**

Signed: _____

Date: _____