**NEW CLIENT FORM – BEACHCOMBING ACCOUNTING GROUP**

**CLIENT 1 CLIENT 2**

Salutation Salutation

First/Middle Name First/Middle Name

Surname Surname

Preferred name Preferred name

Tax File Number Tax File Number

ABN ABN

Date of birth / / Date of birth / /

Place of birth Place of birth

Residential address Residential address

Postal address Postal address

Home phone Home phone

Work phone Work phone

Mobile Mobile

Fax Fax

Email Email

By supplying the above information I authorise Beachcombing Accounting Group to add the listed name/s & or entities listed to Beachcombing Accounting Groups tax agent registration.

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(Please initial or sign) (Please initial or sign)

**Dependent Children**

Name: Date of birth

Name: Date of birth

Name: Date of birth

Name: Date of birth

PARTNERSHIP NAME:

Tax File Number ABN

COMPANY NAME:

ACN Physical address

TFN

ABN Postal address

**Director 1.** **Director 2.**

Salutation Salutation

First/Middle Name First/Middle Name

Surname Surname

Date of birth / / Date of birth / /

Place of birth Place of birth

Residential address Residential address

**Director 3.** **Director 4.**

Salutation Salutation

First/Middle Name First/Middle Name

Surname Surname

Date of birth / / Date of birth / /

Place of birth Place of birth

Residential address Residential address

TRUST NAME:

TFN Physical address

ABN

 Postal address

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***OFFICE USE ONLY***

Handi File Created

Relationships

TAP