

# New Client Details Form



Note: Fields marked with \* are mandatory.

**Title:\*** Mr [ ] Mrs [ ] Ms [ ] Miss [ ] Dr [ ] **TFN:\*** ...../...../...../...../...../...../...../...../.....

**First Name: \*** .....

**Preferred First Name:\*** Same as above [ ] Different .....

**Last Name: \*** .....

**Date of Birth:\*** ..... dd/mm/yyyy **Gender:** Female [ ] Male [ ]

**Marital Status:** Single [ ] Married [ ] Defacto [ ] Divorced/Separated [ ] Widowed [ ]

**Residential Address:\*** .....

.....

**Postal Address:\*** Same as above [ ] Different .....

.....

**Contact Numbers:\*** Home: ..... Work: .....

Mobile: ..... Fax: .....

**Email Address:\*** .....

**Business Name:** ..... **ABN:** .....

**Do you have a savings plan in place?**  Yes  No  NA

**Do you own direct shares?**  Yes  No  NA

**What is the name of your super fund?** \_\_\_\_\_ **Balance:** \$ \_\_\_\_\_

**Do you have income protection?**  Yes  No **Annual Premium:** \$ \_\_\_\_\_

**Do you have trauma insurance?**  Yes  No **Annual Premium:** \$ \_\_\_\_\_

**Do you have a home loan?**  Yes  No **Do you have a will?**  Yes  No

**Have you financed any motor vehicles or equipment in the last 12 months?**  Yes  No

**Have you borrowed any money to invest in the financial market?**  Yes  No

**Would you like to receive free Investment and Tax eNewsletters?**

Count Report – Sent Quarterly  Tax Update - sent monthly

**Signature: #** \_\_\_\_\_

**Would you like to view your investment portfolio online?**  Yes  No  NA

**How did you find out about our firm?**  Referred by family/friend.....

Search Engine  Newspaper Editorial  Magazine  White/Yellow Pages  www.count.com.au

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