G. F. Galbraith & Associates

F. C. P. A. A. C. I. M.
PUBLIC ACCOUNTANTS
TAX AGENTS

G F GALBRAITH & ASSOCIATES

UNIT 23, 15 RICKETTS RD
MOUNT WAVERLEY VIC 3149
TELEPHONE: 9543-5660
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POSTAL ADDRESS
PO BOX 2517
MOUNT WAVERLEY VIC 3149

ABN 18 211 365 334

NEW CLIENT FORM

CLIENT 1
Mr Mrs Ms Miss Dr
Title:
Surname:
First Names:
Marital Status:
Occupation:
Employer:
DOB: / / 19
Home Address:
Postcode
Postal Address:
Postcode
Telephone Home: ( )
Telephone Work: ( )
Fax Number: ( )
Mobile Number:
Email:
Tax File Number:

CLIENT 2
Mr Mrs Ms Miss Dr
Title:
Surname:
First Names:
Marital Status:
Occupation:
Employer:
DOB: / / 19
Home Address:
Postcode
Postal Address:
Postcode
Telephone Home: ( )
Telephone Work: ( )
Fax Number: ( )
Mobile Number:
Email:
Tax File Number:

Client KYC Template Done YES / NO (One Primary Document with Photo ID and One Secondary ID showing address or Medicare card to be sighted)	Client KYC Template done YES / NO (One Primary Document with Photo ID and One Secondary ID showing address or Medicare card to be sighted)

If non individual client – Ask client to add us as agent in Mygov
If new client (Business) – we might check AML/CTF

HECS (now HELP): YES / NO	HECS (now HELP): YES / NO
SFFS YES / NO	SFFS YES / NO
Health Insurance: YES / NO	Health Insurance: YES / NO
Tax Pd	Tax Pd

Prior Accountant Details:	
Copy of Prior Yr return obtained: YES / NO	Copy of Prior Yr return obtained: YES / NO

FAMILY / DEPENDANTS

Name	Relationship	Date Of Birth	Dependant
			Yes ☐ No ☐
			Yes ☐ No ☐
			Yes ☐ No ☐

OTHER PROFESSIONAL ADVISORS (If known)

	Firm	Contact Name	Phone
Solicitor			
Financial Advisor			
Bank Manager			

OFFICE USE ONLY – NEW CLIENTS REFERRED

CLIENT 1	**CLIENT 2**