



SJS Accounting Strategies Quality System

Title:

New Client Form

Doc ID:

REC 02-01-01

New Client

Given Name			Surname		
D.O.B	/ /	P.O.B	/ /	TFN	
Client Code: _____ (Office Use Only)					

Spouse

Given Name			Surname		
D.O.B	/ /	P.O.B	/ /	TFN	

Entity Types	(Trusts, Companies, Superfunds, or other businesses)				
Entity Names					
Type of Business					
Residential Address					
Business Postal Address					
Mobile			Business Phone		
Home Phone			Business Fax		
Email					
Web Address					
ABN			<i>(Office Use Only)</i>		
Source of New Client			Company Change Registered Office Form	<input type="checkbox"/>	
Previous Accountant			Thank You Letter	<input type="checkbox"/>	
			Added to TAX Portal	<input type="checkbox"/>	
			Added to ASIC	<input type="checkbox"/>	
		Ethical Clearance Letter	<input type="checkbox"/>		

Services Task Checklist Completed (Attach when Completed) (Office Use Only)

Major Assets/Liabilities					
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Approved By: Susan Smith	Job Title: Director	Signature:	Date: / /
Review Period: 24 Months	Effective Date:		Copy No:



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Key Management (Name and Functions)	
All Related Parties (Subsidiaries, Affiliated Companies)	
Number of Employees	
Supplied Copy of Recent Financials	<input type="checkbox"/>
Supplied Details of Personal Assets/Liabilities	<input type="checkbox"/>

Document Revision History

Revision	Section(s) revised and brief description
01	Original

Approved By: Susan Smith	Job Title: Director	Signature:	Date: / /
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