

Ruth Watson and Associates

NEW CLIENT FORM

CLIENT 1

CLIENT 2

Title:	Mr, Mrs, Ms, Miss, Dr	Title:	Mr, Mrs, Ms, Miss, Dr
Surname:		Surname:	
First Names:		First Names:	
Marital Status:		Marital Status:	
Occupation:		Occupation:	
DOB: / /19		DOB: / /19	
Home Address:		Home Address:	
	P/Code		P/Code
Postal Address:		Postal Address:	
	P/Code		P/Code
Telephone Home: ()		Telephone Home: ()	
Telephone Work: ()		Telephone Work: ()	
Fax Number: ()		Fax Number: ()	
Mobile Number:		Mobile Number:	
Email:		Email:	
Tax File No.:		Tax File No.:	
Who Referred You to Us?		Who Referred You to Us?	

FAMILY / DEPENDANTS

	Name	Relationship	Date of Birth	Dependant
1.			/ /	Yes <input type="checkbox"/> No <input type="checkbox"/>
2.			/ /	Yes <input type="checkbox"/> No <input type="checkbox"/>
3.			/ /	Yes <input type="checkbox"/> No <input type="checkbox"/>
4.			/ /	Yes <input type="checkbox"/> No <input type="checkbox"/>

OTHER PROFESSIONAL ADVISORS (If known)

	Firm	Contact Name	Phone
Solicitor			
Financial Advisor			

OFFICE USE ONLY - NEW CLIENTS REFERRED

CLIENT 1		CLIENT 2	
Date		Date	
/ /	_____	/ /	_____
/ /	_____	/ /	_____

LENDING

CLIENT 1

CLIENT 2

If you have a Mortgage	- Loan Amount - Which 'Bank' - Interest Rate - Monthly Repayments	_____ _____ _____ % _____	_____ _____ _____ % _____
Do you have, or are you considering buying an investment property?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you looking to refinance any business debt?	Yes <input type="checkbox"/> Amount \$ _____ No <input type="checkbox"/>	Yes <input type="checkbox"/> Amount \$ _____ No <input type="checkbox"/>	

ESTATE PLANNING

Do you have a Current Valid Will?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, when was it last reviewed?	Year: _____	Year: _____
Do you have Life Insurance?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
- Through Your Superannuation?	Amount \$ _____	Amount \$ _____
- Non-Superannuation Policy	Amount \$ _____	Amount \$ _____

IF YOU RUN A BUSINESS

Is your Bookkeeping Computerised?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, which Software program do you use?	_____	_____
What Version of that program are you using?	Version _____	Version _____
Business Turnover	Under \$1M <input type="checkbox"/> or over \$1M <input type="checkbox"/>	
Do you prepare your own BAS?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
BAS Prepared on What Basis?	Cash <input type="checkbox"/> or Accruals <input type="checkbox"/>	Cash <input type="checkbox"/> or Accruals <input type="checkbox"/>
BAS Lodged how often?	Month <input type="checkbox"/> Quarter <input type="checkbox"/> Year <input type="checkbox"/>	Month <input type="checkbox"/> Quarter <input type="checkbox"/> Year <input type="checkbox"/>
Related entities - Trust, Super Fund, Partnership	Company, _____ _____	_____ _____
Work Cover Insurer		
Do you currently Lease any Cars or Equipment?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you planning to Finance any Cars or Equipment in the next 12 months?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have Income Protection Insurance?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have a Business Plan?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you Monitor Key Performance Indicators (KPI's)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you prepare budgets or cashflow forecasts?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you concerned about the amount of tax you pay on your Taxable Income?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

OFFICE USE ONLY

(CODE: _____)

CLIENT NAME: _____

Small Business Entity (Under \$2m) Yes No

BAS Quarterly Monthly Annually

BAS Cash Accruals

PRIVATE USE ITEMS

	% Claim	Code
Telephone		
Light & Power		
Rates		
Car A		
Car B		
Other -		
Other -		

RECURRING PAYMENTS – Chattel Mortgage, Lease, Rent & HP Contracts

\$ Amount	Description/Details	Code

ASIC – Complete & Lodge

- Change Agent Form
- Change of Registered Office
- Appointment/Change of Tax Agent Form Completed
- Work Cover Transfer of Insurer Complete
- Referral Relationships in Database Updated

Copies of Last Year’s Returns

- Tax Returns
- Assessment
- Financial Statements
- Annual Returns