

# ANTHONY NAGLE & CO PTY LTD - CLIENT INFORMATION SHEET

PLEASE COMPLETE & RETURN TO [admin@nagle.net.au](mailto:admin@nagle.net.au)  
OR fax to us on 9015 6499 OR post to P O Box 2136, FITZROY BC, 3065

## COMPANY Information:

ABN:	TFN:	GST Registered: <b>Yes / No</b>
Name of Company:		
Description of Business Activity:		
Postal Address:		
Business Address:		
Telephone:	Mobile:	
Secretary's Name:		
Public Officer's Name:		
Contact Persons Name:		
Record Keeping: indicate method eg myob, quicken, manual ie excel spreadsheets etc		

*Re SHAREHOLDERS please complete the following:*

Name	No. of Shares	DOB	TFN:
Name	No. of Shares	DOB	TFN:
Name	No. of Shares	DOB	TFN:
Name	No. of Shares	DOB:	TFN:

*Re DIRECTORS please complete the following:*

Name	DOB:	TFN:
Name	DOB:	TFN:
Name	DOB:	TFN:
Name	DOB	TFN:

## Authorisation

I, .....	authorise Anthony Nagle & Co Pty Ltd to act as
tax agent.....	(Signature).....(Date)