

ANTHONY NAGLE & CO PTY LTD - CLIENT INFORMATION SHEET

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

PERSONAL Information

Surname:	First Name:	Middle Name:
Date of Birth (DOB):	Occupation:	
Tax File Number (TFN):	Email Address:	
Daytime Telephone:	Mobile:	
Home Address:		
Postal Address:		
Private Health Insurance: Yes / No		
Name of Fund:	Membership No:	Type of Cover:

Spouse & Dependants Information

Spouse			
Surname:	First Name:	Middle Name:	
Date of Birth (DOB):	Occupation:		
Tax File Number (TFN):	Approx. Annual Taxable Income:		
Children			
Name	DOB	Name	DOB
Name	DOB	Name	DOB

If you are involved in any of the entities listed below please complete the information for that entity.
Please note further information may be requested.

<input type="checkbox"/> Sole Trader	<input type="checkbox"/> Partnership	<input type="checkbox"/> Company	<input type="checkbox"/> Trust
ABN:	TFN:	GST Registered: Yes / No	
Name:			
Description of Business Activity:			
Postal Address:			
<i>If you selected Trust please indicate type of Trust Unit / Discretionary</i>			
<i>If you selected anything other than Sole Trader please complete the following re partners/directors/unit holders/beneficiaries:</i>			
Name (1):	DOB:	TFN:	
Name (2):	DOB:	TFN:	
Name (3):	DOB:	TFN:	
Name (4):	DOB:	TFN:	

Authorisation

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

