

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

TRUST Information:

ABN:	TFN:	GST Registered: Yes / No
<i>please indicate type of Trust Unit / Discretionary</i>		
Name of Trust:		
Name of Trustee:		
Description of Business Activity:		
Postal Address:		
Business Address:		
Telephone:	Mobile:	
Contact Persons Name:		
Record Keeping: indicate method eg myob, quicken, manual ie excel spreadsheets etc		

*If you selected **Unit Trust** please complete the following re unit holders:*

Name	No. of Units	DOB	TFN:
Name	No. of Units	DOB	TFN:
Name	No. of units	DOB	TFN:
Name	No. of Units	DOB:	TFN:

*If you selected **Discretionary Trust** please complete the following re likely beneficiaries:*

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)
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