

**NEW CLIENT FORM**

**BOOKKEEPING  
&  
TAX AGENT**



**Cassidy + Edwards**  
Accountants. Business Advisers & Tax Agents

**PO Box 36 Sunnybank QLD 4109**

**p: 0423659989**

**f: 07 33439192**

**[www.cassidyedwards.com.au](http://www.cassidyedwards.com.au)**



**Cassidy + Edwards** Accountants, Business Advisers & Tax Agents

**General Details**

Main Trading Entity Name:	
TFN:	
ABN:	
ACN/ARBN/SFN:	
Director / Trustee:	
Business Address:	
Postal Address:	
Preferred Billing Client:	

**Contacts**

First Preference

Second Preference

	<u>First Preference</u>	<u>Second Preference</u>
Name:		
Office Number:		
Fax Number:		
Mobile Number		
Email Address:		

**Other**

Referral Source	
Business turnover	
Number of Employees	
Accounting Software	
Financial Planner	
Business Coach	

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**I / We hereby appoint Cassidy & Edwards as Accountants and Tax Agents (TAN: 22180005) for the following listed Parties:**

- Include any Companies, Partnerships, Trusts or Superannuation Funds
- Include any Associated Individuals

<b>Entity 1 Name:</b>	
TFN:	
ABN:	
ACN/ARBN/SFN:	
Director / Trustee:	
Business Address:	
Postal Address:	

<b>Entity 2 Name:</b>	
TFN:	
ABN:	
ACN/ARBN/SFN:	
Director / Trustee:	
Business Address:	
Postal Address:	

<b>Entity 3 Name:</b>	
TFN:	
ABN:	
ACN/ARBN/SFN:	
Director / Trustee:	
Business Address:	
Postal Address:	

<b>Entity 4 Name:</b>	
TFN:	
ABN:	
ACN/ARBN/SFN:	
Director / Trustee:	
Business Address:	
Postal Address:	

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<b>Associated Individual 1 Name:</b>	
TFN:	
ABN:	
DOB:	
Place of Birth:	
Home Address:	
Postal Address:	
Children's Names & DOB	

<b>Associated Individual 2 Name:</b>	
TFN:	
ABN:	
DOB:	
Place of Birth:	
Home Address:	
Postal Address:	
Children's Names & DOB:	

Please sign to confirm appointment below:

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Name	Signature	Date
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Name	Signature	Date
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**Previous Tax Agent**

Tax Agent Name:	
Tax Agent Number:	
Last Return Lodged: (Date & Office)	

**Previous Accountant**

Business Name:	
Business Address:	
Contact Person:	
Phone:	
Fax:	
Email Address:	

Please proceed to contact the previous Accountant

Immediately	As From (date)
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We require Cassidy & Edwards to act as our Registered Office – Yes / No

Please Note: We require your company register before we can lodge an Appointment of Agent Form

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Client Signature	Position	Date
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Client Signature	Position	Date
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## **Other Details**