



Client Intake Form

Date:

CLIENT 1:

GIVEN NAME/S:

RESIDENTIAL ADDRESS:

.....

POSTAL ADDRESS:

PHONE NUMBER: (Home)

(Work)

(Mobile)

EMAIL:

DATE OF BIRTH: OCCUPATION:

Two forms of current identification are attached eg driver licence, Medicare card, passport, Centrelink card, etc.

I hereby consent to tax invoices being issued electronically.

YES NO Are you an existing client of RMS?

If no, how did you hear about us?

SIGNATURE:

CLIENT 2:

GIVEN NAME/S:

RESIDENTIAL ADDRESS:

.....

POSTAL ADDRESS:

PHONE NUMBER: (Home)

(Work)

(Mobile)

EMAIL:

DATE OF BIRTH: OCCUPATION:

Two forms of current identification are attached eg driver licence, Medicare card, passport, Centrelink card, etc.

I hereby consent to tax invoices being issued electronically.

YES NO Are you an existing client of RMS?

If no, how did you hear about us?

SIGNATURE:

IF TRUST IS CLIENT:

NAME AND ABN OF TRUST:

NAME OF TRUSTEE/S:

Copy of Trust Deed and any amendments to Trust Deed attached

IF COMPANY IS CLIENT OR TRUSTEE OF TRUST:

NAME AND ACN OF COMPANY:

NAME OF DIRECTOR/S AND COMPANY SECRETARY:

.....

Copy of Constitution and any amendments to Constitution attached