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Ross Mangano B.A, LL.B Principal Leah Mangano LLM, LL.B Principal

Client Intake Form

Date:		
CLIENT 1:		
GIVEN NAME/S:		
RESIDENTIAL ADDRESS:		
POSTAL ADDRESS:		
PHONE NUMBER:	(Home)	
	(Work)	
	(Mobile)
EMAIL:		
DATE OF BIRTH:		OCCUPATION:
Centrelink card	, etc.	ntification are attached eg driver licence, Medicare card, passport, nvoices being issued electronically.
	•	an existing client of RMS?
SIGNATURE:		
CLIENT 2:		
GIVEN NAME/S:		
RESIDENTIAL ADDRE	SS:	
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 conse	nt 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	5:		
	Copy of Trust Deed and any amendments to Trust Deed attached		
IF COMPANY IS CLIENT OR TRUSTEE OF TRUST:			
NAME AND ACN OF C	OMPANY:		
NAME OF DIRECTOR/S AND COMPANY SECRETARY:			
	Copy of Constitution and any amendments to Constitution attached		