



Today's Date: ___ / ___ / _____

YOUR DETAILS: Title: _____ First Name: _____ Surname: _____

Date of birth: ___ / ___ / _____ Tax File No. (Appears on PAYG Payment Summaries): _____

Address (Residential): _____

Postal Address (If different from above): _____

Contact Numbers: Home: _____ Work: _____ Mobile: _____

Email Address: _____

PARTNERS DETAILS: Title: _____ First Name: _____ Surname: _____

Date of birth: ___ / ___ / _____ Tax File No. (Appears on PAYG Payment Summaries): _____

Contact Numbers: Work: _____ Mobile: _____

Email Address: _____

Children/Other Dependents: Name: _____ Date of birth: ___ / ___ / _____

Name: _____ Date of birth: ___ / ___ / _____

Name: _____ Date of birth: ___ / ___ / _____

How did you hear about Smartax? (Please circle)

1. Brochure from street // 2. Google Search // 3. Referral // 4. Other _____

***Disclaimer - We have an obligation as Registered Tax Agents to confirm the identity of all of our clients. This may involve us asking to cite a form of photographic identification or two forms of non-photographic identification on your arrival for your appointment. Copies of these documents provided to us will not be kept.**

please return to reception upon completion

OFFICE USE ONLY - IDENTIFICATION CHECK

Individual Client

Date Cited: ____ / ____ / ____

Name of Client: _____

Documents Sighted:

_____ Original // Certified

_____ Original // Certified

_____ Original // Certified

Visual Check // ATO Portal Check

Individual Client (partner / business partner)

Date Cited: ____ / ____ / ____

Name of Client: _____

Documents Sighted:

_____ Original // Certified

_____ Original // Certified

_____ Original // Certified

Visual Check // ATO Portal Check

Representative of Client (if applicable)

Relationship to Client: _____

Date Cited: ____ / ____ / ____

Name of Representative: _____

Documents Sighted:

_____ Original // Certified

_____ Original // Certified

_____ Original // Certified

Visual Check // ATO Portal Check

I, _____ declare that I have sighted the appropriate documents to perform POI checks and I am confident that they are sufficient.

Date: _____ Signed: _____

please return to reception upon completion