

CLIENT INFORMATION FORM

NAME

ADDRESS

TELEPHONE

D.O.B

____ / ____ / ____

TAX FILE NO.

____ _

SPOUSE NAME

SPOUSE D.O.B

____ / ____ / ____

SPOUSE TAX FILE NO.

____ _

YOUR OCCUPATION

EMPLOYERS ABN

PH NO. OF YOUR
PAY MASTER

POSTAL ADDRESS
OF YOUR PAY MASTER

GROSS SALARY
PER PAY

\$ _____

TAX DEDUCTED
PER PAY

\$ _____

PAY FREQUENCY

Weekly

Fortnightly

Monthly

ADDRESS OF YOUR
INVESTMENT PROPERTY

PURCHASE PRICE

\$ _____

FINANCIER

SOLICITOR

OWNERSHIP %

Name 1

Name 2

_____ %

_____ %

