QUANTUM X PTY LTD
soaring to your financial success
ACCOUNTANTS AND BUSINESS ADVISORS

New Client Details Form

Title: Mr [ ] Mrs [ ] Ms [ ] Miss [ ] Other e.g. Dr [ ] _____

First Name: _____

Middle Name: _____

Surname: _____

Preferred Name: _____

Date of Birth: __ / __ / ____ (DD/MM/YYYY)

Place of Birth: _____ State: _____

Residential Address: _____

_____

City/Town: _____ State: _____ Postcode: _____

Postal Address: Same as above [ ] or:

_____

_____

City/Town: _____ State: _____ Postcode: _____

Contact Numbers: Home: _____ Work: _____

Mobile: _____

Email: _____

Bank Details: Account Name: _____

BSB: _____ Account No: _____

Occupation: _____

Tax File Number: _____

Spouse Full Name: _____

Spouse Date of Birth: ___ / ___ / _____ (DD/MM/YYYY)

Place of Birth: _____State: _____

Spouse TFN: _____
(If also becoming client)

No. of Children: _____

Name of Child 1: _____

Date of Birth: ___ / ___ / _____ (DD/MM/YYYY)

Name of Child 2: _____

Date of Birth: ___ / ___ / _____ (DD/MM/YYYY)

Name of Child 3: _____

Date of Birth: ___ / ___ / _____ (DD/MM/YYYY)

Name of Child 4: _____

Date of Birth: ___ / ___ / _____ (DD/MM/YYYY)

Proof of Identity Sighted: [ ]

Business/Partnership/Entity Details

Legal Entity Name: _____

Trading Name: _____

ABN/ACN: _____

Business Address: _____

_____

City/Town: _____State: _____ Postcode: _____

Postal Address: Same as above [ ] or:

_____

_____

City/Town: _____State: _____ Postcode: _____

Director ID: _____

AUTHORITY TO ACT AS AGENT

I, _____ hereby authorise Quantum X Pty Ltd to act as my authorized agent with:

- ○ The Australian Taxation Office (ATO)
- ○ Australian Securities and Investments Commission (ASIC)

Signed:

Date: ___ / ___ / ___

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