

FINANCIAL HEALTH CHECK DETAILS



C111 BUSINESS
PROPERTY
TAXATION

count it • grow it • keep it

Client Information Form

Congratulations on taking this positive step. Please complete the information and fax or email to our office at the address below. We will contact you and arrange a suitable time to meet.

Client Name 1: _____ Date of Birth: _____

Client Name 2: _____ Date of Birth: _____

Full Street Address: _____

Email: _____ Telephone: _____

Mobile: _____ Fax: _____

1. Child's Name: _____ M or F Age: _____

2. Child's Name: _____ M or F Age: _____

3. Child's Name: _____ M or F Age: _____

4. Child's Name: _____ M or F Age: _____

Income Details:

Client 1: _____ Source: _____

Client 2: _____ Source: _____

Property Details:

	Suburb	State	Ownership	Property Details	Date of Purchase	Purchase Price \$'000	Current Market Value \$'000	Debt \$'000	Weekly Income	Have you Lived in the Property
1										
2										
3										
4										
5										
6										
7										

Future Property Investment Plans:

Do you have any Shares:

	Name	Ownership Details	Date of Purchase	Value of Purchase \$'000	Current Market Value \$'000	Debt \$'000	Loan Type	Equity	Holding or Selling?
1									
2									
3									
4									
5									
6									
7									
8									

Future Share Investment Plans:

Insurance: Do you have:

Life Insurance No Yes Approximate Insured Value \$
 Income Protection Insurance No Yes Approximate Insured Value \$
 Trauma Insurance No Yes Approximate Insured Value \$

Do you have a will? No Yes

PAYMENT DETAILS: Please pay by direct debt the amount of \$495.00 or by credit card Visa/Mastercard \$504.90 or Amex \$509.85.

Credit Card	AMEX 3% Surcharge	MASTERCARD 2% Surcharge	VISA 2% Surcharge	Expiry Date /
Card Number				Amount \$
Name on Card			Signature ?	

Direct Deposit Details

Please use your Name as the reference for your transaction

Bank: BSB: Account No. Account Name

Deposit Date: ____ / ____ / ____

NAB 083 427 161 121 647 Seethree Pty.Ltd.

Receipt No. _____

OFFICE USE ONLY	PROCESSED BY:	DATE PROCESSED:
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Please complete the above & forward with your payment to PO Box 6189, South Yarra VIC 3141 or Fax 03 9005 2785

