



# GILES & LIEW

CHARTERED ACCOUNTANTS  
EST 1997

## NEW CLIENT QUESTIONNAIRE

Date: \_\_\_\_\_

Welcome to Giles & Liew Chartered Accountants Ltd. Please take the time to fill in your details below to assist our discussions with you. Once you are happy for Giles & Liew to act as your Tax Agent, please sign in the bottom section as marked.

### individual 1

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Occupation: \_\_\_\_\_ IRD Number: \_\_\_\_\_ Email: \_\_\_\_\_  
Phone (Home): \_\_\_\_\_ Phone (Work): \_\_\_\_\_ Phone (Mob): \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  Registered for family assistance  
Home Address: \_\_\_\_\_  
Postal Address: \_\_\_\_\_

### individual 2

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Occupation: \_\_\_\_\_ IRD Number: \_\_\_\_\_ Email: \_\_\_\_\_  
Phone (Home): \_\_\_\_\_ Phone (Work): \_\_\_\_\_ Phone (Mob): \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  Registered for family assistance  
Home Address: \_\_\_\_\_  
Postal Address: \_\_\_\_\_

Please detail for any children under your care:

### child 1

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ IRD Number: \_\_\_\_\_ Email: \_\_\_\_\_

### child 2

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ IRD Number: \_\_\_\_\_ Email: \_\_\_\_\_

### child 3

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ IRD Number: \_\_\_\_\_ Email: \_\_\_\_\_



If you are currently operating any of the entities below, please mark as indicated and fill out details for the applicable entities :

Company       Trust       Partnership       Sole Trader

## company

Company Name: \_\_\_\_\_

Nature of business activity: \_\_\_\_\_

Registered Office: \_\_\_\_\_

IRD Number: \_\_\_\_\_

Director 1: \_\_\_\_\_

Director 2: \_\_\_\_\_

Shareholder 1: \_\_\_\_\_

Shareholder 2: \_\_\_\_\_

Tick the following tax types you are registered for:     GST       PAYE       FBT

## trust

Trust Name: \_\_\_\_\_

Nature of trust activity: \_\_\_\_\_

IRD Number: \_\_\_\_\_  Copy of Trust Deed Attached

Settlor: \_\_\_\_\_

Trustee 1: \_\_\_\_\_

Trustee 2: \_\_\_\_\_

Trustee 3: \_\_\_\_\_

Tick the following tax types you are registered for:     GST       PAYE

## partnership

Partnership Name: \_\_\_\_\_

Nature of business activity: \_\_\_\_\_

IRD Number: \_\_\_\_\_

Partner 1: \_\_\_\_\_

Partner 2: \_\_\_\_\_

Tick the following tax types you are registered for:     GST       PAYE



## sole trader

Individual Name: \_\_\_\_\_  
Nature of business activity: \_\_\_\_\_  
Trading as: \_\_\_\_\_  
Tick the following tax types you are registered for:  GST  PAYE

## assistance / referrals

Do you require assistance/referrals for any of the following:

Insurance  Legal  Banking / Mortgage  Investment Advice  Real Estate

## aml / cft

In order to facilitate our compliance with Anti-Money Laundering and Countering Financing of Terrorism legislation please provide a cope of both sides of your drivers licence and proof of address for all individuals you wish us to act for.

Drivers Licence  Proof of Address

## bank details

Please provide your bank account details for payment purposes:

Account Name: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Branch: \_\_\_\_\_

## previous accountant

If you are coming to us from a previous Accountant, please provide details below:

Business Name: \_\_\_\_\_  
Contact person: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Please attach copies of your most recent financial statements and tax returns



## authority to act as tax agents

Please sign the following to authorise Giles & Liew Chartered Accountants Limited to act as your tax agents:

I/We hereby authorise Giles & Liew Chartered Accountants Limited to act as agents for all tax information in relation to myself/ourselves and/or my entity/entities as specified above and obtain any information required from the above named bank.

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

## communication

How did you hear about us?

Word of Mouth  Website  Google  Email  Social Media  Print Media

Other: \_\_\_\_\_

Please confirm that you would like to be kept up to date via Bean Blog correspondence?

Yes, please keep me updated

No thanks

Giles & Liew Chartered Accountants Limited is strongly committed to protecting the privacy of personal data that we maintain about our clients, employees and other individuals. We would like to verify that you are happy to receive vital business information from our Bean Blog. By giving your consent, you will continue to receive relevant emails on thought leadership, important legislative changes, software enhancements, business tips and advice. You will have the opportunity to opt out of receiving communications from us, every time we contact you.

If you decide that you don't want to receive Bean Blog email content from Giles & Liew any longer, please note that we may still be required to send you emails regarding factual, transactional and/or servicing information in connection with products or services that we are providing to you or the organisation through whom you are known to us.

You have the right to withdraw your consent at any time.

## office use

Manager: \_\_\_\_\_  G & L to do Annual Returns Client Number: \_\_\_\_\_

Pro-clearance letter  G & L to do GST/FBT/PAYE  Details changed at Co. Office

To be GST Registered GST Start Date: \_\_\_\_\_ Tax year for G&L to start \_\_\_\_\_

AP to be setup AP Start Date: \_\_\_\_\_ AP Amount: \_\_\_\_\_

Current Accounting System: \_\_\_\_\_

Recommended Accounting System: \_\_\_\_\_

G & L to setup Accounting System

G & L to be granted access to current system