



VLK accounting

PERSONAL DETAILS

First Name: _____ Surname: _____
D.O.B: _____ TFN: _____
Contact Number: _____ Email Address: _____
Residential Address: _____
Postal Address: _____
Who can we thank for referring you to VLK Accounting: _____
Previous Accountant: _____
Address & Contact: _____
Copy of previous Financials/Income Tax Return provided: _____

PARTNERS INFORMATION

First Name: _____ Surname: _____
Contact Number: _____ Email Address: _____
D.O.B: _____ TFN: _____
Approximate Income: _____

DEPENDANTS

Name: _____	D.O.B ___/___/___	M / F
Name: _____	D.O.B ___/___/___	M / F
Name: _____	D.O.B ___/___/___	M / F

AUTHORITY

I authorise VLK Accounting to add me to their client list under their Tax Agent Registration. I understand that VLK Accounting will charge a fee for the preparation of my tax return and that I am responsible for the payment of that invoice before logement can take place.

Signed: _____ Date: ___/___/___

OFFICE USE:			
Entry to Workflow	/	/	Ethical Letter: / /
Engagement Letter:	/	/	