

## NEW CLIENT FORM

Client Name:

Tax File Number:

Date of Birth:

Gender:  Male  Female

Home Address:

Postal Address:

Phone Number: Home:  Mobile:

Email Address:

Occupation:

BSB & Account Number:

Bank Account Name:

Bank Institution:

How did you find us?

By providing your personal information to William Vamvakidis & Co., you acknowledge that this information, including your tax file number, may be shared with our employees, directors, consultants or contractors who are used in the course of providing services to you.

I give authority for William Vamvakidis & Co. to act as my tax agent.

I agree to the above terms.      Date:

### WV & Co.

wvamvakidis.com.au  
admin@wvamvakidis.com.au  
03 9317 4299