



Today's Date: \_\_\_ / \_\_\_ / \_\_\_\_\_

**YOUR DETAILS:** Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Date of birth: \_\_\_ / \_\_\_ / \_\_\_\_\_ Tax File No. (Appears on PAYG Payment Summaries): \_\_\_\_\_

Address (Residential): \_\_\_\_\_

Postal Address (If different from above): \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**PARTNER DETAILS:** Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Date of birth: \_\_\_ / \_\_\_ / \_\_\_\_\_ Tax File No. (Appears on PAYG Payment Summaries): \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Children/Dependents:** Name: \_\_\_\_\_ Date of birth: \_\_\_ / \_\_\_ / \_\_\_\_\_

Name: \_\_\_\_\_ Date of birth: \_\_\_ / \_\_\_ / \_\_\_\_\_

Name: \_\_\_\_\_ Date of birth: \_\_\_ / \_\_\_ / \_\_\_\_\_

**How did you hear about Smartax?** (Please circle)

1. Brochure from street // 2. Google Search //
3. Referral from (name) \_\_\_\_\_ // 4. Other \_\_\_\_\_

**\*Disclaimer - We have an obligation as Registered Tax Agents to confirm the identity of all of our clients. This may involve us asking to cite a form of photographic identification or two forms of non-photographic identification on your arrival for your appointment. Copies of these documents provided to us will not be kept.**

*Please return to reception upon completion*

## OFFICE USE ONLY - IDENTIFICATION CHECK

**Individual Client**

Date Cited: \_\_\_/\_\_\_/\_\_\_

Name of Client: \_\_\_\_\_

Documents Sighted:

\_\_\_\_\_ Original // Certified

\_\_\_\_\_ Original // Certified

Visual Check // ATO Portal Check

**Individual Client (partner / business partner)**

Date Cited: \_\_\_/\_\_\_/\_\_\_

Name of Client: \_\_\_\_\_

Documents Sighted:

\_\_\_\_\_ Original // Certified

\_\_\_\_\_ Original // Certified

Visual Check // ATO Portal Check

**Representative of Client (if applicable)**

Relationship to Client: \_\_\_\_\_

Date Cited: \_\_\_/\_\_\_/\_\_\_

Name of Representative: \_\_\_\_\_

Documents Sighted:

\_\_\_\_\_ Original // Certified

\_\_\_\_\_ Original // Certified

Visual Check // ATO Portal Check

I, \_\_\_\_\_ declare that I have sighted the appropriate documents to perform POI checks and I am confident that they are sufficient.

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