

**Sondergaard Accountants
Client Information Questionnaire**

Personal Details:

Person 1

Person 2

Family Name:		
Given Name:		
Date of Birth:		
Tax File Number:		
Mobile Phone:		
Home Phone:		
Work Phone:		
Fax Number:		
Email Address:		
Home Address:		
Occupation:		
Annual Salary:		
Employer Annual Super Contribution:		

Dependants: *(Please list names and dates of birth of any dependants)*

<u>Name</u>	<u>Date of Birth</u>

Home/Principal Residence

Market Value	\$
Home Loan Amount	\$

Investment Property(ies):

Property 1

Property 2

Property Address:		
Market Value:	\$	\$
Loan Amount:	\$	\$
Weekly Rental:	\$	\$
Date of Purchase:		

What are your long-term intentions with these properties?

Company/Trusts:

(Please list current companies and trusts under your control)

Superannuation Funds:

Name of Fund	Value of Fund:
	\$
	\$
	\$
	\$
	\$

Personal Insurance

	Value
Insurance Cover With Broker	\$
Income Protection	\$
Total and Permanent Disability	\$
Life Insurance	\$
Trauma Insurance	\$

Tell us about yourselves. Where do you come from?

Where have you been?

What have you done?

Do you have family in Perth? What do they do?

Your Financial Goals

In the Next 12 Months:

Over the Next 10 Years:

What do you want to achieve from working with Sondergaard Accountants?
