

**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?
