



# Request for AFA Services (Business & Individual) Client acceptance information form

Are you proactive? Committed to getting results? Keep good financial records and take responsibility for your own financial outcomes? Would like to build a relationship with your Accountant & Wealth strategist that means more than just satisfying your taxation obligations?

## Personal Details

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

## Business Details

Business Name: \_\_\_\_\_  
ABN/ACN: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Business Number: \_\_\_\_\_  
Business Email Address: \_\_\_\_\_  
Website Address: \_\_\_\_\_

Please provide a brief description of your business in the space below:

Establishment Date: \_\_\_\_\_  
Annual Turnover: \_\_\_\_\_  
No. of Employees \_\_\_\_\_

**Are your accounting services now being performed by another firm?**

- Yes     No

If yes, what is the name of the firm? \_\_\_\_\_

What is your reason for leaving? \_\_\_\_\_

How long were you a client? \_\_\_\_\_

What year was your last tax return lodged? \_\_\_\_\_

**Do you have a business Plan?**     Yes     No

**What are your key frustrations?**

\_\_\_\_\_  
\_\_\_\_\_

**What type of Business Structure do you currently have?**

- Partnership     Company     Trust     Other \_\_\_\_\_

**What type of 'product' do you sell?**

- Intellectual     Service     Goods     Other \_\_\_\_\_

**What accounting software do you use?**

MYOB       Quickbooks       Quicken       Other \_\_\_\_\_

Do you prepare accounts:      **Monthly**                      **Quarterly**                      **Yearly**                      **(please circle)**

What type of Superannuation do you have?

Self Managed       Public Offer       Employer Sponsored       Other \_\_\_\_\_

If possible, please provide at least one business reference and their contact details \_\_\_\_\_

Are you interested in business development?       Yes       No

If yes, what types do you prefer?

Seminars       Newsletters       Books       Personal Mentoring  
 Other \_\_\_\_\_

**WHICH OF OUR SERVICES DO YOU WANT TO ENGAGE?**

Wealth Creation       Accounting       Taxation       Superannuation  
 Auditing       Corporate Secretarial       Tax Planning       Bookkeeping

How did you become aware of services?

What are your reasons for seeking advice and desired outcome from the process? Please provide any additional information or comments to help us fully understand your situation and objectives.

### The Next Step

Thank you for completing the above details.

The information provided will assist us in evaluating whether our specialised services can assist you. The acceptance of the engagement as your wealth strategist and accountant will depend on our ability to service your needs with our expertise, staff availability.

If the engagement of our services is accepted we will need to meet with you in person prior to commencing our partnership with you. We will contact you to arrange this appointment.

The information contained in this fact finder document will not be used in the instance the engagement of our services does not proceed. We will not sell, rent or trade any of your personal information to any third party.

# Request for AFA Services (Individual) Client acceptance information form

Are you proactive? Committed to getting results? Keep good financial records and take responsibility for your own financial outcomes? Would like to build a relationship with your Accountant & Wealth strategist that means more than just satisfying your taxation obligations?

**Personal Details**

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Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

**Are your accounting services now being performed by another firm?**

- Yes       No

If yes, what is the name of the firm? \_\_\_\_\_  
 What is your reason for leaving? \_\_\_\_\_  
 How long were you a client? \_\_\_\_\_

**What year was your last tax return lodged?** \_\_\_\_\_

**Do you have structures?**       Yes    No

**If yes, what type of Structure do you currently have?**

- Partnership     Company       Trust       Other \_\_\_\_\_

**If no, are interested in putting structures in place?**

\_\_\_\_\_

\_\_\_\_\_

**What is your main source of income?**

- Wages       Investments       Shares       Other \_\_\_\_\_

**What is your annual income?** \_\_\_\_\_

**What is your employment Type?**

- Self Employed       Employee       Retired       Pensioner  
 Unemployed       Other \_\_\_\_\_

**What is your employment Status?**

- Permanent       Full-time       Part-time       Casual  
 Contractor       Other \_\_\_\_\_

**What type of Superannuation do you have?**

- Self Managed     Public Offer       Employer Sponsored     Other \_\_\_\_\_

**Do you have any dependants?**  Yes  No

**Details:** \_\_\_\_\_  
 \_\_\_\_\_

**How do you maintain your accounting records?**

MYOB       Quickbooks       Quicken       Other\_\_\_\_\_

If applicable, do you prepare accounts:      Monthly      Quarterly      Yearly      (please circle)

If possible, please provide at least one business reference and their contact details \_\_\_\_\_

Are you interested in personal development?       Yes       No

If yes, what types do you prefer?

Seminars       Newsletters       Books       Personal Mentoring  
 \_\_\_\_\_       Other\_\_\_\_\_

What are your Financial Goals? \_\_\_\_\_

At what age would you like to attain Financial Freedom? \_\_\_\_\_

Do you foresee any substantial changes to your income in the next five years?       Yes       No

If yes, please provide details \_\_\_\_\_

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