GILES & LIEW
CHARTERED ACCOUNTANTS
EST 1997

NEW CLIENT QUESTIONNAIRE

Date: _____

Welcome to Giles & Liew Chartered Accountants Ltd. Please take the time to fill in your details below to assist our discussions with you. Once you are happy for Giles & Liew to act as your Tax Agent, please sign in the bottom section as marked.

INDIVIDUAL 1

First Name: _____ Middle Name: _____ Last Name: _____

Occupation: _____ IRD Number: _____ Email: _____

Phone (Home): _____ Phone (Work): _____ Phone (Mob): _____

Date of Birth: _____ Place of Birth: _____ Registered for family assistance ☐

Home Address: _____

Postal Address: _____

INDIVIDUAL 2

First Name: _____ Middle Name: _____ Last Name: _____

Occupation: _____ IRD Number: _____ Email: _____

Phone (Home): _____ Phone (Work): _____ Phone (Mob): _____

Date of Birth: _____ Place of Birth: _____ Registered for family assistance ☐

Home Address: _____

Postal Address: _____

Please detail for any children under your care:

CHILD 1

First Name: _____ Middle Name: _____ Last Name: _____

Date of Birth: _____ IRD Number: _____ Email: _____

CHILD 2

First Name: _____ Middle Name: _____ Last Name: _____

Date of Birth: _____ IRD Number: _____ Email: _____

CHILD 3

First Name: _____ Middle Name: _____ Last Name: _____

Date of Birth: _____ IRD Number: _____ Email: _____

If you are currently operating any of the entities below, please mark as indicated and fill out details for the applicable entities :

☐ Sole Trader ☐ Company ☐ Trust ☐ Partnership

SOLE TRADER

Individual Name: _____

Nature of business activity: _____

Trading as: _____

NZBN: _____

Tick the following tax types you are registered for: ☐ GST ☐ PAYE

COMPANY

Company Name: _____

Nature of business activity: _____

Registered Office Address: _____

IRD Number: _____

Director 1: _____

Director 2: _____

Shareholder 1: _____ Specify Shareholding Percentage _____%

Shareholder 2: _____ Specify Shareholding Percentage _____%

Shareholder 3: _____ Specify Shareholding Percentage _____%

Shareholder 4: _____ Specify Shareholding Percentage _____%

Shareholder 5: _____ Specify Shareholding Percentage _____%

Does your company have a Shareholders Agreement?: ☐ Yes ☐ No

Copy of Shareholders Agreement Provided *(if applicable):* ☐ Yes ☐ No

Are there any nominee shareholders or directors?: ☐ Yes ☐ No

(i.e. A shareholder or director approved to act under the instructions of another person):

Names of nominee shareholders or directors:

_____

_____

Tick the following tax types you are registered for: ☐ GST ☐ PAYE ☐ FBT

Would you like us to maintain your company statutory folder, use our address for your registered office address, and file your company annual returns?

☐ Yes ☐ No

If yes, then please indicate who currently maintains your company statutory folder:

☐ Previous Accountant can supply company statutory folder

☐ We will supply the company statutory folder

TRUST

Trust Name: _____

Nature of trust activity: _____

IRD Number: _____ ☐ Copy of all deeds & amendments attached

Settlor 1: _____

Settlor 2: _____

Trustee 1: _____

Trustee 2: _____

Trustee 3: _____

Protectors: *(If applicable)* _____

Named Beneficiaries as per Trust Deed: *(Please include date of birth and IRD numbers for each)*

_____

_____

_____

_____

_____

_____

Tick the following tax types you are registered for: ☐ GST ☐ PAYE

PARTNERSHIP

Partnership Name: _____

Nature of business activity: _____

IRD Number: _____

Partner 1: _____

Partner 2: _____

Tick the following tax types you are registered for: ☐ GST ☐ PAYE

Does your Partnership have a Partnership Agreement?: ☐ Yes ☐ No

Copy of Partnership Agreement Provided *(if applicable):* ☐ Yes ☐ No

ASSISTANCE / REFERRALS

Do you require assistance / referrals for any of the following:

☐ Insurance ☐ Legal ☐ Banking / Mortgage ☐ Investment Advice ☐ Real Estate

IDENTITY DOCUMENTS

In order to facilitate our customer due diligence please provide certified copies *(e.g. certified by a Lawyer or Justice of the Peace in the past three months)* of a drivers license or passport for all individuals you wish us to act for, for all company directors, and for all trustees of any trusts. Alternatively you can bring these with you to a client meeting for identity verification *(the person must also be present)*.

PREVIOUS ACCOUNTANT

If you are coming to us from a previous Accountant, please provide details below:

Business Name: _____

Contact Person: _____

Phone Number: _____

Email Address: _____

☐ Please attach copies of your most recent financial statements and tax returns for all entities that you wish us to act for.

AUTHORITY TO ACT AS TAX AGENTS

Please sign the following to authorise Giles & Liew Chartered Accountants Limited to act as your Tax Agents:

I/We hereby authorise Giles & Liew Chartered Accountants Limited to act as agents for all tax information in relation to myself/ourselves and/or my entity/entities as specified above.

Signed: Dated:

Signed: Dated:

COMMUNICATION

How did you hear about us?

☐ Website ☐ Google ☐ Email ☐ Social Media ☐ Print Media

☐ Word of Mouth Source Person:

☐ Other:

Please confirm that you would like to be kept up to date via Bean Blog correspondence?

☐ Yes, please keep me updated ☐ No thanks

Giles & Liew Chartered Accountants Limited is strongly committed to protecting the privacy of personal data that we maintain about our clients, employees and other individuals. We would like to verify that you consent to receive content we deem to be relevant to New Zealand businesses and our clients, including, but not exclusive to, legislative updates, reminders about key dates, information about our services, software enhancements, industry trends and thought leadership. You will have the opportunity to opt out of receiving communications from us, every time we contact you.

If you decide that you don't want to receive Bean Blog email content from Giles & Liew any longer, please note that we may still be required to send you emails regarding factual, transactional and/or servicing information in connection with products or services that we are providing to you or the organisation through whom you are known to us. Further to this, as part of your new client onboarding with us, you may receive content from us we deem important to the commencement of our engagement with you, including, but not limited to, information about our services and what we require from you to adequately perform our services.

OFFICE USE

Manager: Client Number:

☐ Pro-clearance letter

☐ G & L to do Annual Returns ☐ Details changed at Co. Office ☐ Received Statutory Folder

G & L to do: ☐ GST ☐ FBT ☐ To be GST Registered GST Start Date:

Tax year for G&L to Start:

☐ Automatic Payment to be Setup Automatic Payment Start Date: Automatic Payment Amount:

Current Accounting System:

Recommended Accounting System:

☐ G & L to setup Accounting System ☐ G & L to be granted access to current system