

NEW CLIENT INFORMATION FORM



DATE

PERSONAL INFORMATION

INDIVIDUAL 1	INDIVIDUAL 2
FIRST NAME <input type="text"/>	FIRST NAME <input type="text"/>
LAST NAME <input type="text"/>	LAST NAME <input type="text"/>
RESIDENTIAL ADDRESS <input type="text"/>	RESIDENTIAL ADDRESS <input type="text"/>
E-MAIL ADDRESS <input type="text"/>	E-MAIL ADDRESS <input type="text"/>
MOBILE NUMBER <input type="text"/>	MOBILE NUMBER <input type="text"/>

DETAILS OF CURRENT ACCOUNTANT

NAME <input type="text"/>	E-MAIL ADDRESS <input type="text"/>
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Please provide the full legal names, IRD numbers for the entities you want Greenlane CA Limited to act for.

#	FULL LEGAL NAME (INDIVIDUAL / COMPANY / TRUST / PARTNERSHIP)	IRD NUMBER
1.	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>
6.	<input type="text"/>	<input type="text"/>

PLEASE CHECK THE DOCUMENTS BELOW TO CONFIRM THAT YOU HAVE ATTACHED THE FOLLOWING (COMPULSORY):

- PHOTO ID:** Please provide a colour copy of your Passport.
- PROOF OF ADDRESS:** Please provide a copy of any of the following acceptable documents for address proof verification, for example, electricity bill, landline phone bill, water bill, gas bill, tenancy agreement or lease agreement. (Any bills must be dated within the last three months from the current month).

FOR OFFICE USE ONLY

<input type="checkbox"/> Engagement letter sent	<input type="text" value="DD"/>	<input type="text" value="MM"/>	<input type="text" value="YYYY"/>
<input type="checkbox"/> Engagement letter received	<input type="text" value="DD"/>	<input type="text" value="MM"/>	<input type="text" value="YYYY"/>
<input type="checkbox"/> Professional clearance received	<input type="text" value="DD"/>	<input type="text" value="MM"/>	<input type="text" value="YYYY"/>
<input type="checkbox"/> Linked and added into the system	<input type="text" value="DD"/>	<input type="text" value="MM"/>	<input type="text" value="YYYY"/>