

## Personal Information

Please complete in addition to our Business Application / Business Terms for business partners, spouses, children, etc

### Personal Information

Client Name Mr / Mrs / Miss / Ms \_\_\_\_\_  
Residential Address \_\_\_\_\_  
Postal Address (if different to above) \_\_\_\_\_  
Business Phone \_\_\_\_\_ Home Phone \_\_\_\_\_  
Mobile Phone \_\_\_\_\_ Email Address \_\_\_\_\_  
Birthday \_\_\_\_\_ IRD Number \_\_\_\_\_

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Client Name Mr / Mrs / Miss / Ms \_\_\_\_\_  
Residential Address \_\_\_\_\_  
Postal Address (if different to above) \_\_\_\_\_  
Business Phone \_\_\_\_\_ Home Phone \_\_\_\_\_  
Mobile Phone \_\_\_\_\_ Email Address \_\_\_\_\_  
Birthday \_\_\_\_\_ IRD Number \_\_\_\_\_

### Dependent Children

Childs Name	Date of Birth	IRD Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

### Previous Accountant (if any)

Previous Accountant \_\_\_\_\_  
Address \_\_\_\_\_

### Authority to Act

I/we authorise Gilbert Accountants to:

Link all tax types at the Inland Revenue Department to obtain information necessary to fulfil their agency responsibilities as our accountant and tax agent.

Obtain financial information from any bank or financial institution that is necessary for the completion of our annual financial accounts.

Signed \_\_\_\_\_ Name \_\_\_\_\_

### Other Information

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