

Client Data Form – Financial Planning | Part A | Personal Information

2.2 Children and/or Other Dependants | Current or Expected

Full Name	Date of Birth	Gender	Relationship	Dependant	Dependant To
		<input type="checkbox"/> Male <input type="checkbox"/> Female		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Additional details:

2.3 Associated Entities

Do you have a business entity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a Self Managed Superannuation Fund (SMSF)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Additional details:

2.4 Employment Details

	Client 1	Client 2
Occupation/Title		
Job description/duties		
Qualifications		
Employer name	Central part officer SMOOZE MORRABIAN.	
Employment start date		
Do you work overseas?		
If yes, list relevant country(ies)		
Available personal leave days		
Tax File Number (TFN)		
Employment status	<input type="checkbox"/> Full-time <input checked="" type="checkbox"/> Part-time <input type="checkbox"/> Casual <input type="checkbox"/> Unemployed <input type="checkbox"/> Home duties <input type="checkbox"/> Retired <input type="checkbox"/> Self employed <input type="checkbox"/>	<input type="checkbox"/> Full-time <input checked="" type="checkbox"/> Part-time <input type="checkbox"/> Casual <input type="checkbox"/> Unemployed <input type="checkbox"/> Home duties <input type="checkbox"/> Retired <input type="checkbox"/> Self employed <input type="checkbox"/>
If part-time, how many hours worked?	52	52
If self-employed, what structure?	<input type="checkbox"/> Trust <input type="checkbox"/> Company <input type="checkbox"/> Sole Trader <input type="checkbox"/> Partnership	<input type="checkbox"/> Trust <input type="checkbox"/> Company <input type="checkbox"/> Sole Trader <input type="checkbox"/> Partnership

Additional details: