**Client 1**

|  |  |  |  |
| --- | --- | --- | --- |
| Given Name 名 |  | Surname 姓 |  |
| Title 头衔 | Mr Mrs Ms Dr *Other:* | PR（永久居民） CITIZEN（公民） | |
| Date of Birth 生日 |  | Mobile 电话 |  |
| Email 邮箱 |  | Occupation 职业 |  |
| Address 地址 |  | Tax File Number 税号 |  |

**Client 2**

|  |  |  |  |
| --- | --- | --- | --- |
| Given Name名 |  | Surname姓 |  |
| Title头衔 | Mr Mrs Ms Dr *Other:* | PR （永久居民） CITIZEN（公民） | |
| Date of Birth生日 |  | Mobile 电话 |  |
| Email邮箱 |  | Occupation职业 |  |
| Address地址 | or As Above | Tax File Number税号 |  |

How many children do you have（您有几个孩子）

|  |  |
| --- | --- |
| Children’s Name 子女姓名 | Date of Birth 生日 |
|  |  |
|  |  |
|  |  |

**Health**

|  |  |  |
| --- | --- | --- |
|  | Client 1 | Client 2 |
| Your assessment of your current health:  您目前的健康状态 | Excellent Good Fair Poor | Excellent Good Fair Poor |
| Are you a smoker? 您吸烟吗？ | Yes No | Yes No |
| Do you have any medical history? 您有病史吗？ |  |  |
| Your Doctor’s details (Name/Clinic/Phone) 您的医生信息 |  | |
| Do you have private health insurance  您有私人医疗保险吗？ | No Yes Medibank Bupa *Other*  If no, do you wish to set up one?  If yes, when was the last time you reviewed your health cover? | |

**Finance**

|  |  |  |
| --- | --- | --- |
| Who is your accountant? 您的会计师是谁？ |  | |
|  | Client 1 | Client 2 |
| Do you have any personal insurance? 您有个人保险吗？ | Yes No | Yes No |
| Which superannuation fund do you have? 您的养老金在哪个公司？ |  |  |

**Current Assets and Liabilities**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Home Loan | Investment 1 | Investment 2 | Investment 3 | Investment 4 |
| Address |  |  |  |  |  |
| Purchase Price |  |  |  |  |  |
| Bank |  |  |  |  |  |
| Rate P&I or IO |  |  |  |  |  |
| Outstanding Balance |  |  |  |  |  |
| Rental Income |  |  |  |  |  |

**Other Loans:** Car Personal Credit Card Commercial

Note: All information collected is strictly private, confidential and personal to its recipients and should not be passed to any third party.