**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.