



BUSINESS INFORMATION SHEET



DATE:

Company Name:

Trading Name:

Trust Details: Date of Trust:

ABN Number: ACN Number:

Settlor Name: Names of Beneficiaries:

Address of Business:

Postal Address:

Contact Name:

Email Address:

Work Phone: Work Fax: Home Phone:

Type of Business: Business Start Date: No. of Employees:

Insurance Details: Phone :

Insurance Contact: Email :

Accountant: Phone :

Accountant Contact: Email :

DETAILS OF DIRECTORS / PARTNERS

Full Name Director 1:

Date of Birth: Mobile Number:

Driver's Licence No: State: Issue Date: Expiry Date:

Medicare Card No: Expiry Date: Length of Time at Address Below:

Number of children: Names: DOB: Names: DOB:

Names: DOB: Names: DOB:

Address Director 1: owned/rented/mortgaged

Previous address (if less than 3 years)

Overdraft Limit:

Full Name Director 2:

Date of Birth: Mobile Number:

Driver's Licence No: State: Issue Date: Expiry Date:

Medicare Card No: Expiry Date: Length of Time at Address Below:

Number of children: Names: DOB: Names: DOB:

Names: DOB: Names: DOB:

Address Director 2: owned/rented/mortgaged

Previous address (if less than 3 years)

Overdraft Limit:

Full Name Director 1:
Date of Birth: Mobile Number:
Driver's Licence No: State: Issue Date: Expiry Date:
Medicare Card No: Expiry Date: Length of Time at Address Below:
Number of children: Names: DOB: Names: DOB:
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Previous address (if less than 3 years)
Overdraft Limit:
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Date of Birth: Mobile Number:
Driver's Licence No: State: Issue Date: Expiry Date:
Medicare Card No: Expiry Date: Length of Time at Address Below:
Number of children: Names: DOB: Names: DOB:
Names: DOB: Names: DOB:
Address Director 2: owned/rented/mortgaged
Previous address (if less than 3 years)
Overdraft Limit:

CUSTOMER BANK DETAILS

Name of Account: Bank Details:
BSB: Account No:
Data Input By: Date:

DATE:

