

# ROSS G MILLAR LIMITED NEW CLIENT FORM (Company)

Company name: \_\_\_\_\_

IRD Number: \_\_\_\_\_ Balance Date: \_\_\_\_\_

Company No: \_\_\_\_\_ Date of Incorporation: \_\_\_\_\_

IRD Status: LTC / QC / Closed

## SHAREHOLDERS

Name:	Address:	Telephone:	IRD Number:	% Shareholding

## Directors:

Name:	IRD Number:	Date:
_____	_____	___/___/___
_____	_____	___/___/___
_____	_____	___/___/___
_____	_____	___/___/___

Please fill in your Company Bank Account Number for the Bank Account to which you would like refunds to be deposited. Please complete all numbers as stated on your bank deposit slips, plus details of Bank, Branch and Company Account Name.



Bank



Branch



Account Number



Suffix

Bank: \_\_\_\_\_

Branch: \_\_\_\_\_

Account Name: \_\_\_\_\_