

# NEW CLIENT FORM

(Individual)

Date:

Mr / Mrs / Ms / Miss

Full Name:

Surname:

First Names:

IRD Number:

Balance Date:

Address:

(Business)

(Home)

(Fax)

(Mobile)

(Email)

## WORKING FOR FAMILIES TAX CREDIT INFORMATION (WFFTC)

Names of Children / IRD Numbers / Date of Birth / Custody Details			
Name:	IRD Number:	Date of Birth:	No. Days per fortnight of Custody

Name of person to receive WFFTC payment \_\_\_\_\_

DO YOU HAVE A STUDENT LOAN? ☐ YES ☐ NO

Please fill in your 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 Account Name.



Bank



Branch



Account Number



Suffix

Bank:

Branch:

Account Name: