

NEW CLIENT FORM (Partnership)

Date: _____

Partnership Name: _____

IRD Number: _____ **Balance Date:** _____

Partners:

Name:	Address:	Telephone:	IRD Number:

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: _____