

# CLIENT MAINTENANCE FORM

DATE: \_\_\_\_\_ 1st Year of Return \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_ Balance Date \_\_\_\_\_

Cmpy/ P/shp/ Trst \_\_\_\_\_ IRD # \_\_\_\_\_

Cmpy/ P/shp/ Trst \_\_\_\_\_ IRD # \_\_\_\_\_

Cmpy/ P/shp/ Trst \_\_\_\_\_ IRD # \_\_\_\_\_

Cmpy/ P/shp/ Trst \_\_\_\_\_ IRD # \_\_\_\_\_

MR: \_\_\_\_\_ DOB: \_\_\_\_\_ DIR \_\_\_\_\_ % IRD # \_\_\_\_\_

MRS: \_\_\_\_\_ DOB: \_\_\_\_\_ DIR \_\_\_\_\_ % IRD # \_\_\_\_\_

OTHER: \_\_\_\_\_ IRD # \_\_\_\_\_

SALUTATION: \_\_\_\_\_

POSTAL ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

POSTCODE \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

POSTCODE \_\_\_\_\_

BUSINESS ACTIVITY \_\_\_\_\_

PHONE: HOME \_\_\_\_\_ FAX \_\_\_\_\_

WORK \_\_\_\_\_ EMAIL \_\_\_\_\_

MOBILE \_\_\_\_\_

SECOND CONTACT: WORK \_\_\_\_\_ EMAIL \_\_\_\_\_

MOBILE \_\_\_\_\_

We authorise B J King & Associates Ltd to link the above I R D numbers to their tax agency with the Inland Revenue Department.

We acknowledge this authority allows them to obtain all information held by the Inland Revenue Department regarding all tax types and by all mediums including via internet.

Signed \_\_\_\_\_

Signed \_\_\_\_\_