

NEW CLIENT APPLICATION

Business Name: _____

Surname: _____

Given Names: _____

Individual	_____
Joint	_____
Business	_____

Address: _____

Alternative for Correspondence: _____

Contact No: Private: _____

Business: _____

Fax: _____

Email: _____

Date of Birth ____/____/____

IRD No:
RWT Rate: 10.5% 17.5% 30% 33% (Companies Only) 28%

Identification Copies Attached Yes / No

 Birth Certificate

 Driver's License

 Passport

 Credit Cards x two

 Full Name

 Signed

 ____/____/____
 Dated

Office use Only:

 Customer Number:

 Loaded by

 ____/____/____
 Date