

NEW TAX CLIENT APPLICATION

Personal detail

Full name and surname

Id number

Income tax reference number

Physical address

Postal address

Contact detail

Home tel number

Work tel number

Cell number

Alternative contact number

Fax number

Mail address work

Mail address home

Income

Do you receive a salary Yes No

Do you receive rent income Yes No

Do you receive interest or dividend income Yes No

Do you receive business income Yes No

Deductions

- | | | |
|--|------------------------------|-----------------------------|
| Do you pay medical aid | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do you have proof of medical payments | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Is your wife or child handicapped | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do you make retirement annuity contributions | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do you make pension fund contributions | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

I HEREBY GIVE ACCPROF CC PERMISSION
TO SUBMIT RETURNS ON MY BEHALF

DATE FORM IS COMPLETED