



CHARTERED PROFESSIONAL ACCOUNTANTS

New Client Information Form

PACIFICCPA.CA

New Client Information Form

Personal Contact Information:Name *(First & Last)*Spouse's Name *(First & Last)*Date of Birth *(mm/dd/yyyy)*Spouse's Date of Birth *(mm/dd/yyyy)*Social Insurance Number *(SIN)*Spouse's Social Insurance Number *(SIN)*

Marital status

Phone Number

Spouse's Phone Number

Email Address

Spouse's Email Address

Address

City

Province

Postal Code

Investment Advisor:

Advisor's Name & Firm

Advisor's Phone Number

Advisor's Email Address

Corporation:

Company Name

Business Number

Shareholder

Fiscal Year-End Date

Secondary Shareholder

Address

City

Province

Postal Code

Business Phone Number

Business Email Address

Lawyer:

Lawyer's Name & Firm

Lawyer's Phone Number

Lawyer's Email Address

Bookkeeper:

Bookkeeper's Name & Firm

Bookkeeper's Phone Number

Bookkeeper's Email Address