



# Business Profile Client Questionnaire

## **Confidential**

*U6E Pty Ltd*

*ABN 32 136 924 313*

*Trading as*

*UNIQsol*

*Dated 15 January 2019*

*Version 5*

*Client Name*

*Consultant Name*

*Appointment Details*

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**Disclaimer**

*The contents of this Client Profile are for the sole use of UNIQsol. The details will be treated with the utmost confidentiality in accordance with our Privacy Policy. To view our privacy policy, go to [www.uniqsol.com.au](http://www.uniqsol.com.au)*

**PLEASE RETURN TO OUR OFFICE AT YOUR EARLIST CONVINCENCE**

**Hervey Bay Office**  
Lakeside 2  
8/10 Liuzzi Street  
Pialba, QLD Australia 4655

Phone: (07) 4192 8900  
Fax: (07) 4191 4382  
Email: [admin@uniqsol.com.au](mailto:admin@uniqsol.com.au)

## **PLEASE READ THESE INSTRUCTIONS**

### **Why do you need to complete this questionnaire?**

This questionnaire is designed to help us serve you.  
The information you provide will be used strictly for this purpose.

### **When should you complete this questionnaire?**

We have designed the questionnaire to make the collection of information as easy as possible for you. You can answer many sections by writing 'see attached' and we will collate the information from attachments you provide.

We understand some clients may feel uneasy about supplying personal information to a person they have never met or may not wish to provide detailed information before our first meeting. However, we urge you to complete and return the questionnaire before our meeting, as we believe we can have a more accurate and meaningful discussion. We treat your information in accordance with our privacy policy and can assure you it is treated with confidentiality.

### **Sections for completion**

PART 1: PERSONAL DETAILS

PART 2: ABOUT YOU & YOUR BUSINESS

PART 3: CHECKLIST

### **What if you can't supply the information?**

We will assist you to complete any gaps at our first meeting.

## UNIQsol Products & Services

### Products and services of interest to you

- |  |  |
|--|--|
| <input type="checkbox"/> Taxation & GST Compliance               | <input type="checkbox"/> Strategic Business Mentoring              |
| <input type="checkbox"/> ASIC                                    | <input type="checkbox"/> Ownership & Structures                    |
| <input type="checkbox"/> QBCC Financial Review                   | <input type="checkbox"/> Buying or Commencing a Business           |
| <input type="checkbox"/> CGT Calculations                        | <input type="checkbox"/> Preparing Your Business for Sale          |
| <input type="checkbox"/> Property Purchase / Sale Apportionments |  |
| <input type="checkbox"/> Resource Industry Compensation          | <input type="checkbox"/> Succession Planning                       |
|  | <input type="checkbox"/> Estate Planning                           |
| <input type="checkbox"/> Budget & Cashflow Forecasts             | <input type="checkbox"/> Retirement Planning                       |
| <input type="checkbox"/> Bookkeeping System Review               |  |
|  | <input type="checkbox"/> Wealth Creation                           |
| <input type="checkbox"/> QBCC Reporting Review                   | <input type="checkbox"/> Superannuation & Self-Managed Super Funds |
| <input type="checkbox"/> Government Applicants                   |  |

### Would you like to receive Newsletters from UNIQsol?

- YES  
 NO

### Would you like to be notified of future seminars?

- YES  
 NO

## PART 1: Personal Details

	CLIENT 1	CLIENT 2
Title		
Surname		
First Name		
Second Name		
Preferred Name		
Date of Birth		
Place of Birth		
Marital Status		
Residential Address		
Postal Address		
Business Address		
Mobile		
Home Telephone		
Business Telephone		
Email Address		
Preferred contact method		
Primary Contact		
TFN		
ABN		
Referred by / How did you hear about UNIQsol		

### Children

Full Name	Date of Birth	Sex	Financial Dependent	Dependent until age	Number of children	Married Y / N

## PART 2: About You and Your Business

### An Overview

**How can we help you?**

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**What is your business name?**

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**Number of locations?**

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**Are there any special personal, family or business circumstances that you wish for us to take into consideration?**

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### Your Business

**What do you want your business to look like in three years?**

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**What are the biggest challenges or concerns with your business? Why?**

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**What are the three top opportunities for your business? Why?**

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**What gives you the edge in the market?**

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**What do you do / sell?**

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**What are your core products and services?**

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**Who do you serve?**

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**List the type of clients you have.**

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**What would have to happen now in order to achieve your vision?**

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**Roadblocks – What is holding you back right now?**

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**How will you know your future is successful?**

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## Your Current Trading Entity / Structure

- Sole Trader  Unit Trust  
 Partnership  Company  
 Discretionary Trust  Self-Managed Superannuation Fund

	NAME	ABN	TFN
Entity 1			
Entity 2			
Entity 3			
Entity 4			

**Are you an Employer?**  YES  NO How many people do you employ? \_\_\_\_\_

## Bookkeeping

**What type of Bookkeeping system are you using?**

- Manual Cashbook  BankLink  Phoenix  QuickBooks  
 MYOB  Xero  Reckon  Intuit

**What challenges do you face with your Bookkeeping?**

## PART 3: Checklist

- Completed client profile and signed acknowledgement below  
 Copy of your last completed Financial Statements and Tax Returns  
 Computer Backup of your accounting records ( if applicable )  
 Any other relevant documents you may want us to review  
 Return of all documentation prior to your scheduled appointment



## CLIENT ACKNOWLEDGEMENT

I / We acknowledge that the particulars in this document are true and have been completed.

**Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## CONSULTATION / MANAGER ACKNOWLEDGEMENT

**Consultant/**

**Manager:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Consultant / Manager Additional Notes:**