



New Client Form

First Name _____

Last Name _____

New Canadian

☐

Date of arrival:

D.O.B. yy/mm/dd _____

S.I.N.

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Address: _____

City _____ Postal Code _____

TEL(c) _____ TEL (b) _____

Email _____

Marital Status:

M	C/L	W	D	Sp	Sg
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Spouse

First Name _____

Last Name _____

Relation _____

D.O.B. yy/mm/dd _____

S.I.N.

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TEL(c) _____ TEL (b) _____

New Canadian

☐

Date of arrival:

Children

	Name	D.O.B. yy/mm/dd	S.I.N
1			
2			
3			
4			

Housing

Monthly Rent _____

Number of months of residency in reporting year _____

Property Tax _____

Business

Name of Business

Business Number

Business Start Date

Business Service or Product

HST	QM
	RM

Special Notes

[illegible]