

## **Client Profile Page**

	YAC	counting 4	Gircher Forme Fuge		* Required		
	700	counting	Husband :	Wife :	☐ New	☐ Prior	** Required if I
Name*							
Date of I	Birth** (y	y/mm/dd)					
Address*	**						
Phone**							
Email							
Marital S	Status*	☐ Single ☐ Single Parer	☐ Married  It ☐ Living common-law	☐ Separated  / ☐ Divorced	□ Wi	dowed	
Dependa <u>Name</u>	ants:	( ;	# of Children living with you <u>Date of Bir</u> t	u in Canada under <u>:h</u> (yy/mm/dd)	age 18: <u>Gende</u>	) <u>er</u>	
☐ Rent or ☐ Property Tax		operty Tax	Per month: \$ or Total: \$		12 months	S	
Medical	Total	\$					
RRSP	Total	\$					
11131							
Donation	n <i>Total</i>	\$					

**Notes:** No free services or consultancy please.

Filed with us?