ECKLREITER & PILLASCH
STEUERBERATUNGSGESELLSCHAFT mbB

Client Master Data Sheet Company

Please complete all fields in full.

1. Company Details

Company Name / Legal Form: _____

Address: _____

Postal Code / City: _____

Telephone: _____

E-Mail: _____

Date of incorporation: _____

Commercial Register (Court & No.: _____

Business Purpose: _____

2. Company Contact Person

Managing Director / Owner: _____

3. Tax Information

Tax Number: _____

Tax Office: _____

VAT ID No.: _____

4. Bank Details

IBAN: _____

BIC: _____

5. Existing Systems & Service Providers

Accounting System: _____

Payroll Systems: _____

Other Relevant Systems: _____

Pursuant to § 2 i. V. m. § 3 GwG (Geldwäschegesetz) we are subject to the identification requirements of the Money Laundering Act. Therefore, we kindly request that you send us a copy of your current valid identity card along with the signed order documents, preferably by email

6. Scope of Services

Financial Accounting: _____

Contract Compensation: _____

Annual Financial Statements: _____

Tax Returns: _____

Special Services: _____