ECKLREITER & PILLASCH
STEUERBERATUNGSGESELLSCHAFT mbB

Client Master Data Sheet – Natural Persons

Please complete all fields in full.

1. Personal Data

Name: _____

Address: _____

Postal Code / City: _____

Telephone (private): _____

E-Mail (private): _____

Date of birth: _____

Place of birth: _____

Nationality: _____

Religion: _____

2.Contact Person (if different)

Other Contact Person: _____

3. Tax Information

Tax Number: _____

Tax Identification Number: _____

Tax Office: _____

4. Bank Details

IBAN: _____

BIC: _____

5. Scope of Services

Tax Returns: _____

Consulting / Special Services: _____

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

Please complete all fields in full, if a spouse and/or children are involved.

7. Spouse´s Details

Name: _____

Date of birth: _____

Place of birth: _____

Nationality: _____

Tax Identification Number: _____

Married since: _____

Religion: _____

E-Mail: _____

8. Children´s Details

Child 1

Name: _____

Date of birth: _____

Tax Identification Number: _____

Relationship: _____

Child 2

Name: _____

Date of birth: _____

Tax Identification Number: _____

Relationship: _____