Use this template to create a detailed file which can be used by someone else (e.g. your power of attorney) who needs to make decisions on your behalf.

# Business Details

Business name and address: (insert details here)

Australian Business Number (ABN): (insert ABN here)

**Australian Company Number (ACN):** (insert ACN here) **Tax File Number (TFN) for your business:** (insert TFN here)

Business banker: (insert business banker details here e.g. bank name and contact details)

| Business Personal Details |
| --- |
|  | **Name** | **Contact details** |
|  | (1) |  |
|  | (2) |  |
|  | (3) |  |
| Accountant / Accounting firm |  |  |
| Lawyer / Legal firm |  |  |
| Power of attorney (business purposes) |  |  |

| Insurance  |
| --- |
|  | **Company** | **Policy No.**  | **Renewal Date** | **Location of Policy** |
| Building  |  |  |  |  |
| Contents |  |  |  |  |
| Other insurance (e.g. – disability, trauma etc) | (1)(2)(3) |  |  |  |
| (**Note:** If any insurance policy is paid by direct debit rather than by invoice, be sure to make a note of that.) |

| Business Bank Details |
| --- |
| I have (insert number) Business Accounts |
| (**Security alert:** make arrangements for PINs and passwords to be accessed only by the trusted person of your choice. **Do not record them here** unless you are absolutely confident they will be the only person seeing this document) |
| My business banker is  | Contact details |
| **Bank** |
|  | Name of account  | Account number  | BSB |
|  |  |  |  |
|  | Direct debits associated with this account (if any) |
|  | Company (and contact details) | Amount of debit | Date of Debit |
|  |  |  |  |
| **Bank** |
|  | Name of account  | Account number  | BSB |
|  |  |  |  |
|  | Direct debits associated with this account (if any) |
|  | Company (and contact details) | Amount of debit | Date of Debit |
|  |  |  |  |
|  | **My tax file number** |  |  |
|  | **My Australian Business Number (ABN)**  |  |  |
|  | **Company (and contact details) for EFTPOS transactions and machine maintenance** |  |  |

| Business Loan Details |
| --- |
| I have (insert number) business loans |
| Who is the loan from? |  |
| What is the account number (if loan is from a financial institution) |  |
| What is the loan amount? |  |
| When are payments due? |  |
| How much is the minimum payment? |  |
| How are payments made? |  |
| Where is the loan engagement kept? |  |

| Business Credit Cards |
| --- |
| **(Security alert:** make arrangements for PINs and passwords to be accessed only by the trusted person of your choice. **Do not record them here** unless you are absolutely confident they will be the only person seeing this document) |
| **Company** |
|  | Card name | Card number |
|  |  |  |
|  | Direct debits associated with this account (if any) |
|  | Amount of debit  | Date of debit |
|  |  |  |
|  |
| **Company** |
|  | Card name | Card number |
|  |  |  |
|  | Direct debits associated with this account (if any) |
|  | Amount of debit  | Date of debit |
|  |  |  |

| Business Leases |
| --- |
| **Building** (Address of the building) |  |
| **Equipment** (Describe the leased equipment) |  |
| **Cars**(Registration number(s) of vehicle(s) |  |
| **Mobile Phones**(Describe the vendor or the service provider) |  |
|  | **Building**  | **Equipment** | **Cars** | **Mobile Phones** |
| Who are the payments made to? |  |  |  |  |
| When are payments due? |  |  |  |  |
| How much is the minimum payment? |  |  |  |  |
| How are payments made? |  |  |  |  |
| When does the lease end? |  |

| Staff details |
| --- |
| **Name**  | **Position**  | **Contact details** |
| (1) |  |  |
| (2) |  |  |
| (3) |  |  |
| (4) |  |  |
| (5) |  |  |
| **Staff Salary details** |
| **Where do you keep details of payments you make to staff and on behalf of staff?****E.G. payslips, superannuation payments, union dues etc.** |  |  |

| Key clients/customers |
| --- |
| **Customer Name** | **Customer Details** |
| (1) |  |
| (2) |  |
| (3) |  |
| (4) |  |
| (5) |  |

| Supplier details |
| --- |
| **Name**  | **Name of goods and/or services supplied**  | **Contact details** |
| (1) |  |  |
| (2) |  |  |
| (3) |  |  |
| (4) |  |  |
| (5) |  |  |

| Important documents |
| --- |
| **(1) Financial Statements** |
| Within your business who prepares your financial statement? |  |
| Where are copies of the statements kept? |  |
| **(2) Debtors and Creditors list** |  |
| Where is the debtors and creditors list kept? |  |
| **(3) Business Plan** |  |
| Where is the current copy of the business plan kept? |  |
| **(4) Governance** |  |
| Where are minutes of meetings kept?E.G. – Meetings of the board, or the directors, or other governance requirements? |  |
| **(5) Trust**  |  |
| Is your business run through a Trust? | [ ]  Yes [ ]  No |
| If yes, where is the Trust deed kept? |  |
| **(6) Compliance obligations** |  |
| Does your business have any compliance obligations? | [ ]  Yes [ ]  No |
| Are they all lodged? If yes, where and when were they lodged? | [ ]  Yes [ ]  No**Where:****When:** |
| **Account management / book keeping** |
| Who has the responsibility of preparing returns? |  |
| Where are the copies of the returns kept? |  |

| Personal Details |
| --- |
| There is a copy of my will in this file | [ ]  Yes [ ]  No |
| The original copy of my will is held at |  |
| The executor(s) of my will | Name:Address:Phone: |
|  | Name:Address:Phone: |
|  | Name:Address:Phone: |
| **Funeral Arrangements** |
| I have prepaid my funeral (Details attached) | [ ]  Yes [ ]  No |
| I have planned my funeral(Details attached) | [ ]  Yes[ ]  No |

| Powers of Attorney |
| --- |
| I have given my power of attorney to the following persons  |
|  | **Name**  | **Original document is held at** |
| General power of attorney  |  |  |
| Enduring power of attorney (financial) |  |  |
| Enduring power of attorney (medical) |  |  |
| Enduring power of guardianship |  |  |
| The document is held at: |

| Organ Donation  |
| --- |
| I wish to donate any of my organs that may be useful | [ ]  Yes[ ]  No |
| My name is on the Australian Organ Donor Register | [ ]  Yes[ ]  No |
| I have donated my brain to science(Details attached) | [ ]  Yes [ ]  No |
| I have donated my body to science(Details attached) | [ ]  Yes[ ]  No |

| Property  |
| --- |
| I own the following property  |
|  | **Address**  | **Name of owner / joint owners** | **If rented – Managing agent** |
| Without mortgage  | (1) |  |  |
|  | (2)  |  |  |
|  |
| With mortgage  | (1)  |  |  |
|  | Amount Due: \_\_\_\_\_\_\_\_\_ Minimum payment \_\_\_\_\_\_\_\_\_\_When: \_\_\_\_\_\_\_\_\_\_ How is it paid: \_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | (2)  |  |  |
| Where is the original titles deeds of your property |
| (1) |  |  |  |
| (2) |  |  |  |
| (3) |  |  |  |
| (4) |  |  |  |

| Bank Details |
| --- |
| I have \_\_\_\_\_\_\_\_\_ personal accounts |
| (**Security alert:** make arrangements for PINs and passwords to be accessed only by the trusted person of your choice. **Do not record them here** unless you are absolutely confident they will be the only person seeing this document.) |
| **Bank**  |
|  | Name of account | Account Number | BSB Number  |
|  |  |  |  |
| Direct debits associated with this account (if any) |
|  | Company (and contact details) | Amount of debit | Date of debit |
|  |  |  |  |
|  |
| **Bank**  |
|  | Name of account | Account Number | BSB Number  |
|  |  |  |  |
| Direct debits associated with this account (if any) |
|  | Company (& contact details) | Amount of debit | Date of debit |
|  |  |  |  |
|  |
|  | **My Tax File Number**  |  |
|  |  |  |

| Superannuation |
| --- |
| Institution name |  |
| Policy number |  |
| The policy is held at |  |

| Insurance  |
| --- |
|  | **Company** | **Policy No.**  | **Renewal Date** | **Policy is held at** |
| Life insurance |  |  |  |  |
| Private Health |  |  |  |  |
| House and contents |  |  |  |  |
| Income protection |  |  |  |  |
| Mortgage protection or loan protection  |  |  |  |  |
| Cars | (1)(2)(3) |  |  |  |
| When is registration due on the car(s):(1)(2)(3) |
| Where are the vehicle registration papers:(1)(2)(3) |
| (**Note:** If any insurance policy is paid by direct debit rather than by invoice, be sure to make a note of that.) |

| Credit Cards |
| --- |
| (**Security alert:** make arrangements for PINs and passwords to be accessed only by the trusted person of your choice. **Do not record them here** unless you are absolutely confident they will be the only person seeing this document) |
| **Company** |
|  | Card name | Card number |
|  |  |  |
|  | Direct debits associated with this account (if any) |
|  | Amount of debit  | Date of debit |
|  |  |  |
|  |
| **Company** |
|  | Card name | Card number |
|  |  |  |
|  | Direct debits associated with this account (if any) |
|  | Amount of debit  | Date of debit |
|  |  |  |
|  |

| Valuables |
| --- |
| Where do you keep your passport? |  |
| Do you have a bank security box  | [ ]  Yes[ ]  No |  |
|  | Which bank is it at? |  |
|  | Where is your key? |  |
| Do you have valuables anywhere else? (Give details) |  |  |

**Note:** When you have completed the form, consider where you will lodge copies e.g. with your solicitor, your accountant, in a safe deposit box etc. Remember that the document will need to be reviewed / updated regularly. **DO NOT LEAVE THE DOCUMENT IN ANY PLACE THAT IS NOT COMPLETELY SECURE.**