

1. NEW CLIENT FORM

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|----------|--------------------------------------|------------------------------|--------------------------------|--------------------------------|
| 1 | 1.1 Client Ref: <input type="text"/> | 1.2 CM: <input type="text"/> | Intro By: <input type="text"/> | 1.4 Date: <input type="text"/> |
|----------|--------------------------------------|------------------------------|--------------------------------|--------------------------------|

| | | |
|---|--|--|
| 2 | Client Background | |
| 2.1 Name: | <input type="text"/> | |
| 2.2 Company Name: | <input type="text"/> | |
| 2.3 Company Address (Registered Address) | <input type="text"/> | |
| 2.4 City: | <input type="text"/> | |
| 2.5 Post Code: | <input type="text"/> | 2.6 Tel No.: <input type="text"/> |
| 2.7 Mobile No.: | <input type="text"/> | 2.8 Fax No.: <input type="text"/> |
| 2.9 E-Mail Address: | <input type="text"/> | |
| 2.10 Website Address: | <input type="text"/> | |
| 2.11 Trade: (Please refer to DBF Audit) | <input type="text"/> | |
| 2.12 Company Status: (Please Tick) | Limited Company <input type="checkbox"/> | Sole Trader <input type="checkbox"/> Partnership <input type="checkbox"/> LLP <input type="checkbox"/> |
| 2.13 Date of Incorporation: | <input type="text"/> | 2.14 VAT No.: <input type="text"/> |
| 2.15 Date Started: | <input type="text"/> | 2.16 Tax Ref: <input type="text"/> |
| 2.17 Company Number: | <input type="text"/> | 2.18 PAYE Ref: <input type="text"/> |
| 2.19 Year end: | <input type="text"/> | 2.20 Est. Turnover: <input type="text"/> £ |
| | | 2.21 No. of Employees: <input type="text"/> |

| | | |
|------------------------|----------------------|--------------------------------|
| 3 | Bank Details | |
| 3.1 Name(s) of Account | <input type="text"/> | 3.6 Bank Address: |
| 3.2 Holder(s): | <input type="text"/> | <input type="text"/> |
| 3.3 Bank: | <input type="text"/> | <input type="text"/> |
| 3.4 Branch Sort Code: | <input type="text"/> | <input type="text"/> |
| 3.5 Account Number: | <input type="text"/> | Postcode: <input type="text"/> |

| | | |
|-----------|---------------------------------------|--------------------------------|
| 4 | Previous Owner Contact Details | |
| 4.1 Name: | <input type="text"/> | |
| Address: | <input type="text"/> | |
| Tel: | E-mail: | Postcode: <input type="text"/> |

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5 Previous Accountants Details

| | | |
|-----|----------|-----------|
| 5.1 | Name: | |
| | Address: | Postcode: |
| | Tel: | E-mail: |

6 Partners

| | 1 | 2 | 3 |
|---------------------|---|---|---|
| 6.1 Surname: | | | |
| 6.2 First Name: | | | |
| 6.3 Address: | | | |
| | | | |
| | | | |
| 6.4 Postcode: | | | |
| 6.5 Tel No.: | | | |
| 6.6 Fax No.: | | | |
| 6.7 Mobile No.: | | | |
| 6.8 E-Mail Address: | | | |
| 6.9 N.I.N: | | | |
| 6.10 D.O.B: | | | |

Financial Services

| | | | |
|----------------|--|--|--|
| 6.11 Life: | | | |
| 6.12 Pensions: | | | |
| 6.13 Critical: | | | |
| 6.14 Others: | | | |

7 Notes

8 Checklist

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|---|--------------------------|--------------------------|--------------------------|
| 8.1 If Audit Consider Ethical Implications: | <input type="checkbox"/> | 8.5 Apply for PAYE Ref.: | <input type="checkbox"/> |
| 8.2 Engagement Letter: | <input type="checkbox"/> | 8.6 Issue Office Ref.: | <input type="checkbox"/> |
| 8.3 Sign 41G & 64-8: | <input type="checkbox"/> | 8.7 Open Files: | <input type="checkbox"/> |
| 8.4 Fill VAT Application: | <input type="checkbox"/> | 8.8 Update Database: | <input type="checkbox"/> |