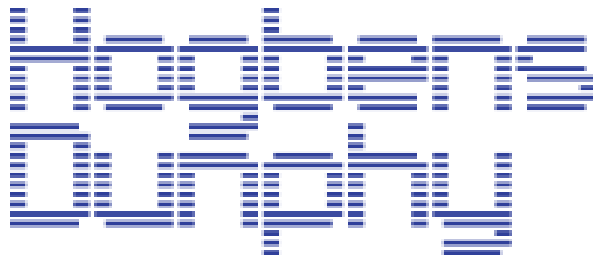


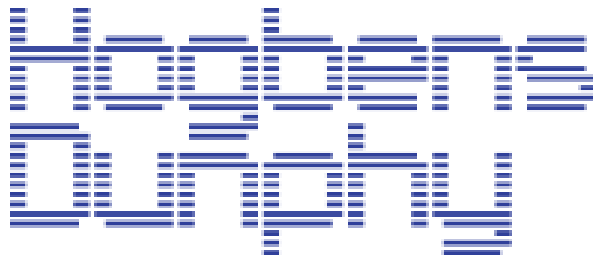
Limited Company

New Client Information Check List



General Company Information

Business Name:	<input type="text"/>		
Business Address:	<input type="text"/>	Telephone No.	
	<input type="text"/>	<input type="text"/>	
	<input type="text"/>	Email Address	
	<input type="text"/>	<input type="text"/>	
Business Activity:	<input type="text"/>		
New Company ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
HD to Incorporate ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Important Dates:	Incorporation		Year End
	<input type="text"/>		<input type="text"/>
Company No:	<input type="text"/>		
Corporation Tax No:	<input type="text"/>		
PAYE Scheme ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
HD to setup / manage PAYE ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/>
PAYE Scheme No:	<input type="text"/>		
Accounts Office Ref:	<input type="text"/>		
Current Administrators:	<input type="text"/>		
Administrators Address:	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
VAT Registered ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	No. <input type="text"/>
Date of Registration:	<input type="text"/>		
HD to Setup / manage VAT ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/>
VAT Quarter Ends:	<input type="text"/>		
Other HD Duties:	<input type="text"/>		
	<input type="text"/>		
Company Software:	<input type="checkbox"/> Excel	<input type="checkbox"/> Sage	<input type="checkbox"/> Other <input type="text"/>



Other Company Information

Premises:

<input type="checkbox"/> Home	<input type="checkbox"/> Rent	<input type="checkbox"/> Mortgage	<input type="checkbox"/> Freehold	<input type="checkbox"/> Leasehold
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NB. Mortgage agreement needed if under company name.

Details:

Motor Vehicle ?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Model:

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Vehicle Registration:

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Date Purchased:

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Purchase Cost:

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Business Use ?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	%	<input type="text"/>
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NB. Finance Lease agreements needed if any.

Other Assets ?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Details:

Bank Name:

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Account Name:

--	--

Account No:

--	--

Sort Code:

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NB. Bank Loan agreements needed if any.

Proof of Identity ?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Passport	<input type="checkbox"/> Bill 1	<input type="checkbox"/> Bill 2
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Financial Adviser ?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/>
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Previous Accountant:

Contact Accountant ?

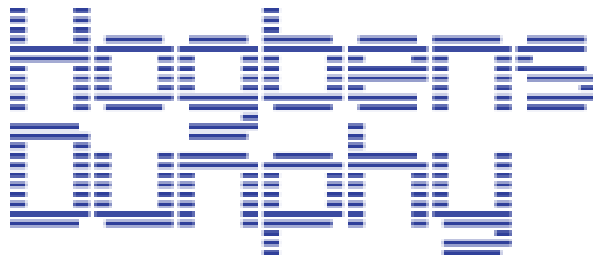
<input type="checkbox"/> Yes	<input type="checkbox"/> No
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64-8 Signed ?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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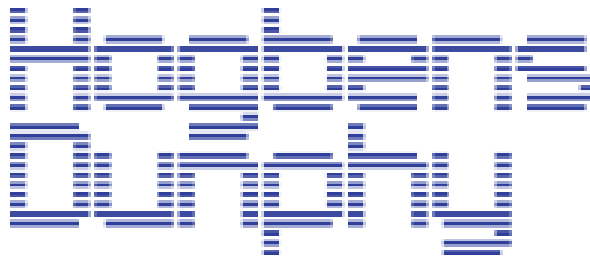
Fee Quoted

£ <input type="text"/>	Standing Order	<input type="text"/>
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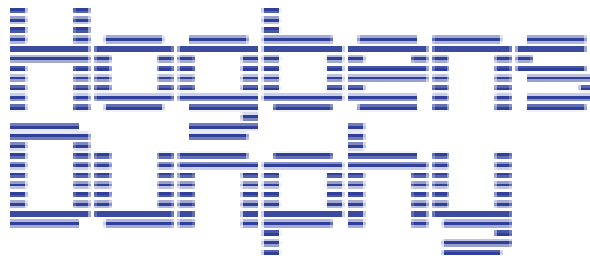
Directors Details

	First Director	Second Director
Full Name:	<input type="text"/>	<input type="text"/>
Date of Birth:	<input type="text"/>	<input type="text"/>
Nationality:	<input type="text"/>	<input type="text"/>
Personal Address:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Correspondence Address:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Business Occupation:	<input type="text"/>	<input type="text"/>
Country of Residence:	<input type="text"/>	<input type="text"/>
Town of Birth:	<input type="text"/>	<input type="text"/>
Mothers Maiden Name:	<input type="text"/>	<input type="text"/>
Eye Colour:	<input type="text"/>	<input type="text"/>
Number of Shares:	<input type="text"/>	<input type="text"/>



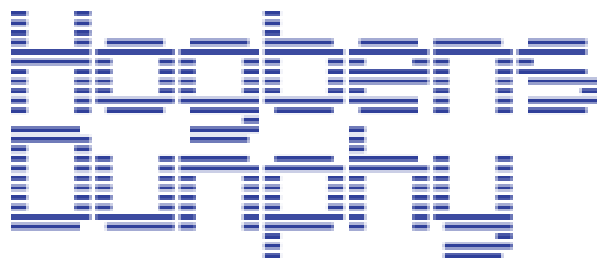
Directors Details

	Third Director	Fourth Director
Full Name:	<input type="text"/>	<input type="text"/>
Date of Birth:	<input type="text"/>	<input type="text"/>
Nationality:	<input type="text"/>	<input type="text"/>
Personal Address:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Correspondence Address:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Business Occupation:	<input type="text"/>	<input type="text"/>
Country of Residence:	<input type="text"/>	<input type="text"/>
Town of Birth:	<input type="text"/>	<input type="text"/>
Mothers Maiden Name:	<input type="text"/>	<input type="text"/>
Eye Colour:	<input type="text"/>	<input type="text"/>
Number of Shares:	<input type="text"/>	<input type="text"/>



Shareholders Details

	First Shareholder	Second Shareholder
Full Name:	<input type="text"/>	<input type="text"/>
Date of Birth:	<input type="text"/>	<input type="text"/>
Nationality:	<input type="text"/>	<input type="text"/>
Personal Address:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Town of Birth:	<input type="text"/>	<input type="text"/>
Mothers Maiden Name:	<input type="text"/>	<input type="text"/>
Eye Colour:	<input type="text"/>	<input type="text"/>
Number of Shares:	<input type="text"/>	<input type="text"/>



Shareholders Details

	Third Shareholder	Fourth Shareholder
Full Name:	<input type="text"/>	<input type="text"/>
Date of Birth:	<input type="text"/>	<input type="text"/>
Nationality:	<input type="text"/>	<input type="text"/>
Personal Address:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Town of Birth:	<input type="text"/>	<input type="text"/>
Mothers Maiden Name:	<input type="text"/>	<input type="text"/>
Eye Colour:	<input type="text"/>	<input type="text"/>
Number of Shares:	<input type="text"/>	<input type="text"/>

