

Partnership

New Client Information Check List



General Information

Client Name - Registered

Client Name - Trading

Business / Home Address:

Business Address	Other Branch(es)
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Telephone / Email:

Telephone	Email
<input type="text"/>	<input type="text"/>

Business Activity:

Geographical Connections:

Important Dates:

Commencement	Year End
<input type="text"/>	<input type="text"/>

P/Ship Tax Reference:

PAYE Scheme? Yes No

HD to setup / manage PAYE ? Yes No

PAYE Scheme No:

Accounts Office Ref:

Current Administrators:

Administrators Address:

VAT Registered ? Yes No No.

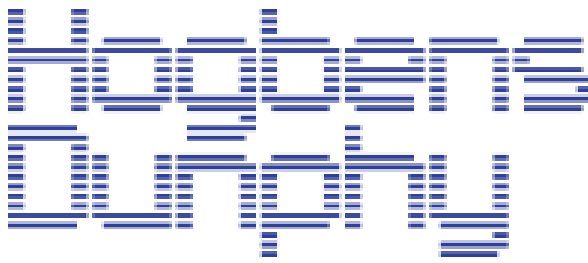
Date of Registration:

HD to setup / manage VAT ? Yes No

VAT Quarter Ends:

Other HD Duties:

Company Software: Excel Sage Other



Other Information

Premises: Home Rent Mortgage Freehold Leasehold

Details:

Motor Vehicles: Yes No

Model:

Vehicle Registration:

Date Purchased:

Purchase Cost:

Business Use: Yes No %

NB. Finance Lease agreements needed if any.

Other Assets ? Yes No

Details:

Bank Name:

Account Name:

Account No:

Sort Code:

NB. Bank Loan agreements needed if any.

Proof of Identity ? Yes No Passport Bill 1 Bill 2

Financial Adviser ? Yes No

Pension Provider / Amount:

Employment Income ? Yes No

Rental Income ? Yes No

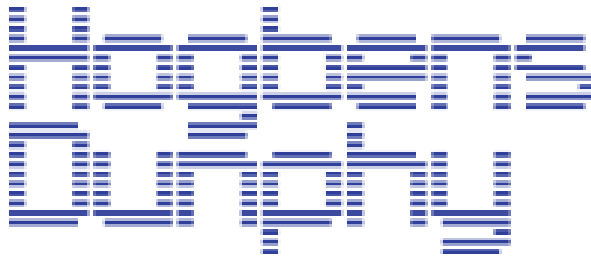
Other Investment Income:

Previous Accountant:

Contact Accountant ? Yes No

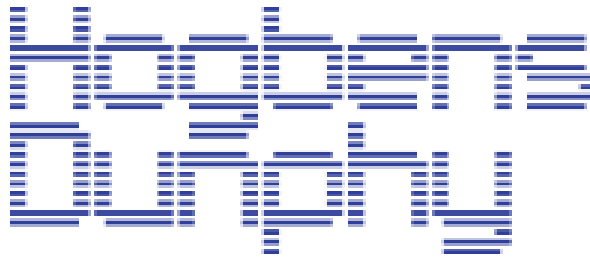
64-8 Signed ? Yes No

Fee Quoted Standing Order



Partnership Details

	First Partner	Second Partner
Full Name:	<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"/>
Telephone Number:	<input type="text"/>	<input type="text"/>
Email Address:	<input type="text"/>	<input type="text"/>
Date of Birth:	<input type="text"/>	<input type="text"/>
UTR Number:	<input type="text"/>	<input type="text"/>
NI Number:	<input type="text"/>	<input type="text"/>
Partnership %	<input type="text"/>	<input type="text"/>



Risk Assessment

Yes/No/N/A	Comments
Business Structure is Complex/Unusual or involves anonymity?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Transacts with businesses in overseas countries with weak money laundering regimes/PEP?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Control is Remote or we have not met the principles?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Cash Business?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Client Monies Held?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Overall Risk?	
<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low	
Are normal procedures sufficient?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

