



Client Information Form

Please complete this form using block capitals

Business contact details

Title and Forename: _____

Surname: _____

Position in Business: _____

Telephone Number: _____

Mobile Number: _____

Email: _____

Fax Number: _____

Business details

Business Name: _____

Trading Name (if different): _____

- Business Type: Limited Company
 Sole Trader
 Limited Liability Partnership
 Partnership

Country of Registration: _____

Registered Office Address: _____

Postcode: _____

Please ensure that you also include:

- Proof of identity (e.g. copy of passport/driving licence with photocard).
- An original utility bill (dated within the last 3 months)
- 64-8 (if requested)



FOR INTERNAL USE ONLY

Allocated Manager (Initials):

Services to be provided:

Personal Tax	Annual Accounts	Statutory Accounts	Corporation Tax	VAT

Management Accounts	Payroll	Investment Tax	P11D	Other

	Generated	Sent	Completed / Received
L.O.E / ML			
Iris			
64-8			
Database			
Hard copy			
Quickbooks			

Other comments/related companies or clients:

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