



New Client Form

It would be appreciate if you could spend a few minuted filling this form in and returning it to reception. Thank You!!

Name: _____

Address: _____

Phone – Work: _____

– Home: _____

– Mobile: _____

Fax: _____

Email: _____

Date of Birth: _____

You were referred by: _____

Have you had an accountant previously? Y / N

If yes, could you provide some comment on the positives and negatives of their service, and what you would like us to provide you with:

SECTION 2: BUSINESS CLIENTS

1. Do you have a business plan? Y / N

2. What are your key frustrations in business?

3. Do you prepare accounts: Monthly Quarterly Yearly (please circle)

4. Are your accounts on computer? Y / N
If yes, what software package? _____

5. Do you monitor Key Performance Indicators? Y / N

