

New Client Questionnaire

Create Client

**Amend
Details**

Reference

Prepared by:

Date

Client Type Person <input type="checkbox"/> (Go to Contact)		Partnership <input type="checkbox"/>		Sole Trader <input type="checkbox"/>		Other <input type="checkbox"/>	
Name			Business Description				
		Trading commenced			A/C period end		
UTR		Tax District		PAYE Reference (If applicable)		PAYE District	

Contact details				Main <input type="checkbox"/>		Contact for billing <input type="checkbox"/>	
Surname		Title		Name		Initials	
Salutations	Formal			Informal			
Director <input type="checkbox"/>	Partner <input type="checkbox"/>	Owner <input type="checkbox"/>	Of Client Id				
Date of Birth		Employer Reference			NI Number		
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Married to client			Date (If known)	

Main Address <input type="checkbox"/>				Billing Address <input type="checkbox"/>			
Name/No				Name/No			
Street				Street			
Town				Town			
County		Postcode		County		Postcode	
Telephone		Facsimile		Telephone		Facsimile	
e-mail				e-mail			
Same as Client Id				Same as Client Id			

Partner responsible		Manager responsible			Client Group		
Client Category 1				Attributes			
Client Category 2							
Client Category 3							
Client Category 4							
Client Category 5							
Premium <input type="checkbox"/>	Discount <input type="checkbox"/>			Budget		Payment Terms	

Bank Name									
Street									
Town									
County									
Postcode									
Telephone									
Sort code									
Account Number									

Solicitor		
Name		
Street		
Town		
County		
Postcode		
Telephone		

Service of Engagement	
Accounts	<input type="checkbox"/>
VAT	<input type="checkbox"/>
Payroll	<input type="checkbox"/>
Audit	<input type="checkbox"/>
Corporation Tax	<input type="checkbox"/>
Personal Tax	<input type="checkbox"/>
Directors'/Partners' Tax Return	<input type="checkbox"/>
Spouse tax return	<input type="checkbox"/>

Checklist	Initials	Date
IRIS entry completed		
File set up		
Engagement letter		
Money Laundering checked		

Notes

Additional form used <input type="checkbox"/>

MONEY LAUNDERING CHECKLIST

For Each Individual or Partner: Please produce to us two of the following (but we must have at least 1 form of identification with your picture).

	Please Tick
Current signed passport	
Current UK or EU photo card driving license	
EU member state ID card	
Utility bill, tax bill or bank statement (dated within the last 3 months)	
Copy of last tax return	

Has a member of C CHARLES & CO LTD known you for at least 4 years? Yes/No
If yes then which member and for how many years?

Please Sign and Date

Sign: _____

Please print your name: _____

Date: _____