

Oyster Accountants Client Questionnaire

For Office Use Only:

Prepared By: Date Prepared

Contact Details: Recommendation

ADVERT WEBSITE PASSING TRADE

CLIENT DETAILS	SPOUSE DETAILS
SURNAME:	SURNAME:
<i>Previous Surnames Used:</i>	<i>Previous Surnames Used:</i>
FORENAMES:	FORENAMES:
D.O.B.:	D.O.B.:
N.I. NUMBER:	N.I. NUMBER:
DATE OF MARRIAGE/ (CIVIL PARTNERSHIP):	

CHILDREN'S NAMES	D.O.B.	CHILDREN'S NAMES <small>Continued</small>	D.O.B.

PRIVATE ADDRESS	TELEPHONE
	HOME:
	WORK:
	MOBILE:
	EMAIL:
	FAX HOME:
POSTCODE:	FAX WORK:
	WEBSITE:

WORK ADDRESS (if applicable)	CONTACT DETAILS

SELF EMPLOYMENT/LTD COMPANY	
NAME:	
TRADING NAME:	
TYPE OF BUSINESS:	
STYLE OF TRADING:	
DATE OF COMMENCEMENT:	
DATE OF CESSATION:	
TAX REFERENCE NUMBER:	
VAT REGISTRATION NUMBER:	
OTHER DETAILS:	

CURRENT ACCOUNTANT	
ADDRESS:	REFERENCE NUMBER:
	TELEPHONE NUMBER:
POSTCODE:	

EMPLOYMENT	
EMPLOYERS NAME:	JOB TITLE:
ADDRESS:	DATE OF COMMENCEMENT:
	DATE OF CESSATION:
	PAYE REF NO:
POSTCODE:	

BRIEF DETAILS OF SPOUSE'S EMPLOYMENT

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CHILDRENS TAX CREDIT – WHO CLAIMS?:

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BACKGROUND INFORMATION

INVESTMENTS:	1.	
	2.	
	3.	
	4.	
	5.	
BANK DEPOSITS:	1.	
	2.	
BUILDING SOCIETY:	1.	
	2.	
	3.	
SHAREHOLDINGS	1.	
	2.	
	3.	
	4.	

PENSIONS	REF NUMBER	PERSONAL OR R.A.C

OTHER

FEE QUOTATION

CHECK LIST – For Office Use Only			
			√
64-8	SIGNED		
CWF 1	SIGNED		
VAT REGISTRATION DETAILS			
LETTER TO ACCOUNTANT			
ACKNOWLEDGEMENT LETTER TO CLIENT			
LETTER TO TAX MAN			
YEAR END CARD			
FEE PROTECTION INSURANCE			
PAYE SCHEME			
CONSTRUCTUON INDUSTRY			
APPLICATION FOR CERTIFICATE OF EXCEPTION			

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AUTHORITY	
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To:	Date:
.....	
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.....	
Ref:	

Dear,

I/We have recently approached Oyster Accountants to act on my/our behalf and would be grateful if you would let them have whatever information they request.

Thank you in anticipation

Yours