New client questionnaire (incorporated)

Company name……

Desired names (if not yet formed) .....

Registered office
.....

Trading address (if different)
.....

Business telephone number…….. Business fax number.....……..…

Business e-mail …… Business website ……

Mobile ……..…… Private telephone ……

Shareholders:

Name	Address	% shareholding
……	……	……
……	……	……
……	……	……
……	……	……

Company officers details:

Name…… Name……

Address…….. Address……..

…… ……

…… ……

…… ……

Date of birth…….. Date of birth……..

NI number…… NI number……

Position(director/company secretary) Position(director/company secretary)

Preferred year-end date (if a new business) ……..

Existing businesses only

Company No …….. Date of incorporation …….

Name and address of previous accountant/auditor
.....
.....
Please note we are obliged to make contact under our rules of professional conduct.

Have the previous auditors resigned Yes/No

Corporation tax reference ……PAYE reference …….

VAT number ……VAT Retail scheme (if used) ……....

Number of employees ……

Type of business
.....

Existing records – please specify how the records are currently kept and any software used
.....
.....
.....

Please return completed form to:

SWC Management Services Ltd
CPM
The Manor
Haseley Business Centre
Warwick
United Kingdom
CV35 7LS

Tel: 0870 991 9000
Fax: 0870 991 9001
E-mail :admin@swcms.com
www.swcms.com

Official use only (do not complete)

Discuss with client how he can improve his/her record keeping to save us work and therefore him/herself money. Record on a separate page any suggestions made and ensure that these are put to the client in writing once clearance to act has been received.

Wages: Number of employees .....

Who will be doing wages .....

US	CLIENT
Record the decision made as to how we will be given the basic information from which we will prepare the wages and how they will be paid	Ensure client understands: P45's P46's SSP SMP Tax and NI tables P11D's Benefits in kind Seminar for payroll staff

Name of bank ..... Overdraft limit .....

Name of solicitor .....

Complete: Risk assessment schedule - Form 64-8

Note any estimates of fees given.

Obtain company search if appropriate.

Inland Revenue

Authorising your agent

It is important that you complete these boxes so we can note our record

Inland Revenue reference

National Insurance number

Please read the notes on the back before completing this authority.

This authority overrides any earlier authority given to the Inland Revenue. We will hold the information you give us until you tell us that the details have changed.

I, _____ (*please print your name*)

authorise _____ *(please print your agent's name)*

to act on my behalf in connection with any matters within the responsibility of the Inland Revenue

Signature _____ Date _____/_____/_____

(please see note 1 on the back before signing)

Please give your details here

Full address _____

_____

_____

_____ Postcode _____

Telephone number _____

(If you are willing for us to contact you by phone)

Please give your agent's details here

Full address _____

_____

_____

_____ Postcode _____

Telephone number _____

Fax number _____

Agent's reference _____

Only for customers who have Self Assessment Tax Returns (not including companies)

If you use a paper version of the Self Assessment Tax Return, we will send your Statement of Account to you, but if you would like us to send it to your agent instead, please tick this box ☐

Please note, if your agent sends your Tax Return electronically, we will send a paper version of your Statement of Account to you, and your agent will receive an electronic copy.

After you have completed this form, please send it to your Inland Revenue office.

For official use

☐ Customer's records noted – *please complete the relevant boxes opposite*

Please "✓" ☐

☐ Form(s) 64-6A issued

_____ *Initials*

____/____/____ *Date*

	Please "✓"	*Initials*	*Date*
Tax	☐	_____	____/____/____
NICs	☐	_____	____/____/____
Tax Credits	☐	_____	____/____/____
Others	☐	_____	____/____/____

1 Who should sign the form

It depends who the authority is for. See the table below.

Who the authority is for	Who signs the form
Yourself (for your personal tax)	You
Companies	The secretary or other responsible officer of the company
Partnerships	The partner responsible for the partnership's affairs. It applies only to the partnership. Individual partners need to sign a separate authority for their own affairs.
Trusts	One or more of the trustees.

2 What else you should do

- If you have more than one agent acting with us on your behalf, please sign one of these forms for each one and send them to us with a letter telling us which agent deals with what for you. If you deal with more than one Inland Revenue office, please send it to just one office and we will pass on the information.

- If your agent doesn't deal with **all** your Inland Revenue affairs, please send a letter with this form giving us details of those that they do deal with.

3 What the Inland Revenue does

- Once we have received your completed form we will start sending letters and forms to your agent. But sometimes we need to send them to you as well as, or instead of, your agent. Contact any Inland Revenue office if you would like information about what will be sent to you and/or your agent.

- We don't send anyone completing a Corporation Tax Self Assessment return a Statement of Account.

- We don't send National Insurance statements and requests for payment to your agent unless you have asked us if you can defer payment.

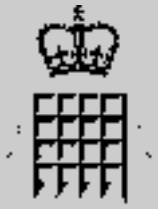
4 Data Protection Act

The Inland Revenue is a Data Controller under the Data Protection Act. We hold information for the purposes specified in our notification made to the Data Protection Commissioner, and may use this information for any of them.

We may get information about you from others, or we may give information to them. If we do, it will only be as the law permits, to

- check accuracy of information
- prevent or detect crime
- protect public funds.

We may check information we receive about you with what is already in our records. This can include information provided by you as well as by others such as other government departments and agencies and overseas tax authorities. We will not give information about you to anyone outside the Inland Revenue unless the law permits us to do so.



HM Customs and Excise

VAT

Value Added Tax

Application for registration

Please read VAT Notice 700/1: **Should I be registered for VAT?** before you begin to complete the application form as the explanatory notes will help you.
If you have any problems completing the form please contact the National Advice Service on 0845 010 9000 or visit our website at www.hmce.gov.uk.

You must answer all questions as directed.
Write clearly in black ink and use CAPITAL LETTERS

VAT 1

Part 1 About the business

Name

1 **Sole proprietors** - please give your full name.

Partnerships - please give your trading name, or if you do not have one please give the names of all partners. You must also complete and return form VAT 2 (available from the National Advice Service or our website).

Corporate or unincorporated bodies - please give the name of the company, club, association, etc.

2 **Do you have a trading name?** (Please tick) ☐ **Yes** ☐ **No**

Please give the trading name of the business.

Status

3 **What is the structure/legal status of the business?** (Please tick)

☐ **Sole proprietor** ☐ **Partnership** (Please complete form VAT 2)

☐ **Corporate body** (e.g. limited company)

Please give incorporation details: Certificate no.

Date of incorporation

Country of incorporation

☐ **Unincorporated body** (e.g. club or association)

Please specify

Business address

4 **Please give the address of your principal place of business. This is where you carry out most of the day-to-day running of the business.** e.g. where you receive and deal with orders.

Postcode

Business phone

Fax number

Mobile phone

E-mail address

Internet address

Business activities

5 **Please tell us about all your current and/or intended business activities.**
(Continue on a separate sheet if necessary)

6 **Are you or any of the partners or directors in the business you are seeking to register through this application, involved in running any other businesses either as a sole proprietor, partner or director?** (Please tick)

☐ **Yes** ☐ **No**

If **yes**, please give the names of these businesses and VAT registration numbers where appropriate.
(Continue on a separate sheet if necessary)

7 **Have you, or any of the partners or directors in the business you are seeking to register through this application, been involved in running any other businesses either as a sole proprietor, partner or director in the past two years?** (Please tick)

☐ **Yes** ☐ **No**

If **yes**, please give the names of these businesses and VAT registration numbers where appropriate.
(Continue on a separte sheet if necessary)

8 **Is your business involved in any other activities registered with or authorised by Customs and Excise?** (Please tick boxes as appropriate)

- ☐ Excise duties
- ☐ Imports/exports
- ☐ Landfill tax
- ☐ Air passenger duty
- ☐ Insurance premium tax
- ☐ Climate change levy
- ☐ Aggregats levy (From 1/4/2002)

9 **Are you registering as the representative member of a VAT group?** (Please tick)

☐ **Yes** ☐ **No**

If **yes**, you must provide the additional information set out on forms VAT 50 and VAT 51 (available from the National Advice Service tel: 0845 010 9000 or our website).

Part 2 About the business accounts

VAT returns

10 **Do you expect to receive regular repayments of VAT?** (Please tick)

☐ **Yes** ☐ **No**

Do not answer **yes** if you believe that the majority of your VAT returns will show an overall payment of tax due to Customs and Excise.

Computer accounts

11 **Is your accounting system computerised?** (Please tick)

☐ **Yes** ☐ **No**

If **yes**, please give details of the software used in compiling your accounts.

Software

Version

Bank details

12 **Please give details of the bank or building society account that you use for the business.**

Sort code

Account number

or Girobank account number

Part 3 The taxable turnover and date of registration

Start of business

For the purposes of VAT, all the goods or services you supply which are VAT-rated - even zero-rated goods or services - are called 'taxable supplies', whether you are registered for VAT or not. The purchases you make for your business are not your taxable supplies.

13 **Have you made any taxable supplies yet?** (Please tick)

☐ **Yes** ☐ **No**

If **yes**, give the date of your first taxable supply.
If **no**, give the date you expect it to be.

Date of first taxable supply

Business transfers

14 **Have you taken over a VAT registered business from someone else as a going concern, or changed the legal entity that owns the business (for example from a sole proprietor to a limited company)?** (Please tick)

☐ **Yes** ☐ **No** (If no proceed to question 18)

If **yes**, what date did the transfer of the business or change in legal entity take place?

15 **Who was the previous owner?**

16 **What was their VAT number?**

17 **Do you want to keep this number?** (Please tick)

☐ **Yes** ☐ **No**

If **yes**, you and the previous owner must also complete and return form VAT 68 (available from the National Advice Service tel: 0845 010 9000 or our website). If you do keep the VAT number, remember that you will become liable for the previous owner's VAT debts.

Your taxable turnover and date of registration

We need the following information to determine whether you need to be registered, or whether you are entitled to be registered. The total value of your taxable supplies (see 'Start of business' above) is called your taxable turnover. The question of whether you need to be registered for VAT will depend upon the level of your taxable turnover in any past period of 12 months or less, or on the anticipated level of your taxable turnover in any period then beginning of 30 days alone.

18 **Have your taxable supplies, in the past 12 months or less, gone over the registration limit and/or has there been a point in the past when taxable supplies in the previous 12 months or less exceeded the registration limit?** (Please tick)

☐ **Yes** ☐ **No**

If **yes**, please give the date they exceeded.
(The current limits are in Notice 700/1: **Should I be registered for VAT?**)

My taxable supplies exceeded the threshold on

		/			/			

You will be registered from the first day of the second month following, e.g. If you taxable supplies exceeded the threshold in June you will be registered from 1st August.

19 **Do you expect the taxable supplies you will make in the next 30 days alone will exceed the registration limit and/or has there been a date in the past when there were grounds for believing that your taxable supplies would exceed the registration limit in the next 30 days alone?** (Please tick)

☐ **Yes** ☐ **No**

My expectation arose on

		/			/			

You will be registered from the date the expectation arose.

20 **Do you wish to be registered from a date earlier than the date on which you are obliged to be registered?** (Please tick)

☐ **Yes** ☐ **No** (If no proceed to question 23)

21 **From what date would you like to be registered?**

		/			/			

(Proceed to question 23)

Voluntary registration

22 **I am applying for voluntary registration because:** (Please tick)

☐ My taxable turnover is below the current registration threshold.

☐ I am not currently making taxable supplies but intend to in the future.

☐ I am established or have a fixed establishment in the UK and make or intend to make supplies only outside the UK.

I would like to be registered from

		/			/			

Value of your supplies

23 **Please estimate the value of taxable supplies you expect to make in the next 12 months.**

£

24 **Do you expect to make any exempt supplies?** ☐ **Yes** ☐ **No**

(For more information about exempt supplies see Notice 700/1: **Should I be registered for VAT?**)
(Please tick)

If **yes**, estimate the value of exempt supplies you expect to make in the next 12 months.

£

25 **EC Trade** (A list of EC Member States is in Notice 700/1: **Should I be registered for VAT?**)

Please tell us the value of goods you are likely to buy from other EC Member States or sell to other EC Member States in the next 12 months

Buy £

Sell £

Exemption from registration

26 **Do you want exemption from registration because your taxable supplies are wholly or mainly zero-rated?** ☐ **Yes** ☐ **No**

If **yes**, give the expected value of your zero-rated supplies in the next 12 months.

Zero-rated supplies £

Part 4 Your details and declaration

Home address and National Insurance number

27 **Please give your full home address and your National Insurance number**

- Sole proprietors - give your home address and National Insurance number below.
- Partnerships - give home address and National Insurance numbers of all partners on form VAT 2.
- Corporate bodies - give home address and National Insurance number of the director, company secretary or authorised signatory signing the application form. If you are signing as an authorised signatory include a letter of authorisation signed by a director or company secretary. This must include their home address and National Insurance number.
- Unincorporated bodies - give home address and National Insurance number of the person signing the application form.

Home address
(If you have lived at this address for less than three years please provide details of your previous home address on a separate sheet)

Postcode

National Insurance number
If you do not have a National Insurance number please give your Tax Identification number issued by your country of origin.

National Insurance number

Tax identification number

Declaration

28 **Please sign and date the declaration below**
(Corporate bodies - a director, company secretary or authorised signatory must sign the form)

(Insert full name in BLOCK CAPITALS)

I declare that the information given on this form and accompanying document is true and complete.

Signature

Date

Your position in the business (Please tick one box)

- ☐ **Proprietor**
- ☐ **Partner**
- ☐ **Director**
- ☐ **Company Secretary**
- ☐ **Trustee**
- ☐ **Other** (Please give details)

Checklist

- Have you signed the form?
- Partnership? **Remember to complete and enclose form VAT 2**
- VAT group? **Remember to complete and enclose forms VAT 50 and VAT 51**
- Corporate body? **Have you completed the incorporation details in question 3?**
- Applying on a voluntary basis because you are not trading yet? **Remember to enclose evidence of your intention to trade such as copies of contracts, details of purchases for your business etc.**
- Taking over a VAT registration number from a previous owner? **Remember to complete and enclose form VAT 68 if you wish to retain the VAT number**
- Involved in land or property-related supplies where you are electing to waive exemption from VAT (opting to tax)? **Have you enclosed details as per Notice 700/1: Should I be registered for VAT?**
- Have you notified the Inland Revenue of your business start up?

What to do next?

When you have completed and signed this form please send it to the address given in Notice 700/1 **Should I be registered for VAT?** Provided you have given all the necessary information we will usually register and give you a VAT registration number within 15 working days of receiving your application form.

Data Protection Act 1998

HM Customs and Excise collects information in order to administer the taxes for which it is responsible (such as VAT, insurance premium tax, excise duties, air passenger duty, landfill tax), and for detecting and preventing crime. Where the law permits we may also obtain information about you from third parties, or give information to them. This would be to check its accuracy, prevent or detect crime or protect public funds in other ways. These third parties may include the police, other government departments and agencies.

STANDING ORDER MANDATE

Your Bank: National Westminster Bank PLC

Address Royal Priors, Leamington Spa

	Bank	Branch	Sort Code
Please pay	National Westminster Bank	Leamington Spa	60-12-35
	Beneficiary's name		**Account No.**
for the credit of	SWC Management Services		65228812
	Regular amount in figures	**Regular amount in words**	
the sum of			
	Date and amount of first payment		**Due date and Frequency**
commencing	_____ * now	and thereafter every	Month
	Date and amount of last payment		
* until		* until you receive further notice from me/us in writing	
quoting this reference		and debit my/our account accordingly.	

This instruction cancels any previous order in favour of the beneficiary named above, under this reference.

Special instructions:

Your Account Name	Account No.

Signature(s) _____ Date _____

_____

* Delete if not applicable