Company Questionnaire



	WORKING WITH YOU TO KEEP YOUR TAX LOW
COMPANY INFORMATION	
Company name:	
Company Address:	
Postcode:	
Date formed:	
Registration number:	
Authentication code:	
Company UTR number (Corporation Tax number):	
Contract start date:	
Where did you hear about us?	
FIRST DIRECTOR	
Full Name:	
Address:	
Postcode:	
Home telephone number:	
Work telephone number:	
Mobile phone number:	
Email address:	
Marital status:	
Date of Birth:	
National Insurance Number:	
Unique Taxpayer Reference (If you have ever been registered for Self Assessment):	
Nationality:	
Occupation:	
Information used to create Electronic	
signature: - Eye Colour	
- Town of Birth	
Shares held	

SECOND DIRECTOR/COMPANY SECRETARY/SHAREHOLDER (IF REQUIRED)
Full Name:
Address: If different from above
Postcode:
Home telephone number:
Work telephone number:
Mobile phone number:
Email address:
Marital status:
Date of Birth:
National Insurance Number:
Unique Taxpayer Reference (If you have ever been registered for Self Assessment):
Nationality:
Occupation:
Information used to create Electronic signature:
- Eye Colour
- Town of Birth
Relationship to Director 1
Please indicate- Appoint as: - Director: - Secretary - Both above - Shareholder
Shares held

NB Normally one hundred shares will be issued and allotted to the first director. In the case of spousal directorships, it may be beneficial to distribute company profits (as dividends) more evenly to minimise any higher rate income tax. In such cases, a different allocation might be advisable.

PREVIOUS ACCOUNTANT (IF APPLICABLE)		
Addre	ss	
Postcode		
Teleph	none number	
Fmail	address	
Lillaii	duric33	
STANI	DARD SERVICES	
	Accounting IT Comprehensive bookkeeping service required	
	Company Accounts only	
Ш	Do you require a payroll service?	
	Payroll number of employees including Directors	
	CIS required?	
	Do you want to register for VAT YES or NO	
	Flat Rate YES or NO	
П	Company secretarial Services?	
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П	Personal Tax Return (1st Director)	
	(Please specify what period)	
	Personal Tax Return (2 nd Director)	
	(Please specify what period)	
	Signature:	
	Date:	