

New Client Information - New Company Formation

Company Client ID (office use): _____

Company Tax Client ID (office use): _____

Main contact name _____

Intended company name _____

Trading name _____

Main business activity _____

Other business activities _____

Registered office _____

Correspondence address _____

Trading address _____

Telephone number _____

Mobile Number _____

Email address _____

Are you happy for confidential information to be sent to your email address?

Yes - No (Delete as necessary) _____

Accounts reference date (year end) _____

Trade commencement _____

Share structure information/Notes

Members information e.g.
directors/shareholders

Member 1

Name

Position

NI number

UTR number

Date of birth

Member 2

Name

Position

NI number

UTR number

Date of birth

Member 3

Name

Position

NI number

UTR number

Date of birth

Member 4

Name

Position

NI number

UTR number

Date of birth

Member 5

Name

Position

NI number

UTR number

Date of birth
