

The Tax Shop

Client Acceptance Questionnaire - Entity



This questionnaire should be completed together with the Client Acceptance Questionnaire Entity Annexure A (Directors) and Annexure B (Individual Shareholders) and Annexure C (Corporate Shareholders).

A. CLIENT INFORMATION	
Type of entity:	<input type="checkbox"/> Close corporation <input type="checkbox"/> Company <input type="checkbox"/> Non-profit company / organisation <input type="checkbox"/> Trust <input type="checkbox"/> Joint venture <input type="checkbox"/> Partnership <input type="checkbox"/> Sole proprietor <input type="checkbox"/> Other (specify):
Name of entity:	
Registration number:	
Financial year end:	
SARS - Income tax number:	
SARS - VAT number:	
SARS - PAYE number:	
SARS - UIF number:	
SARS - SDL number:	
SARS - eFiling login details:	Username: _____ Password: _____
Department of Labour - UIF number:	
Workmens compensation number:	
Non-profit (NPO) number:	<i>(if registered as a NPO at the Department of Social Development)</i>
Public Benefit Organisation (PBO) number:	<i>(if registered as a PBO at SARS)</i>
Industry e.g. 'Construction':	
Description e.g. 'Building houses':	
Registered tax office:	
Postal address:	_____ _____ _____ Postal code: _____
Physical address:	_____ _____ _____ Street code: _____
Contact person - name and surname:	
Contact person - telephone number:	

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Contact person - cell number:	
Contact person - email address:	
B. BANKING DETAILS OF ENTITY	
Bank name:	
Branch name:	
Branch number:	
Account name:	
Account number:	
Account type:	<input type="checkbox"/> Cheque <input type="checkbox"/> Savings <input type="checkbox"/> Transmission <input type="checkbox"/> Bond <input type="checkbox"/> Credit Card
C. DIRECTOR DETAILS	
Number of directors:	
Details of directors:	Please complete Annexure A to this questionnaire for each director of the entity.
D. SHAREHOLDER/MEMBER DETAILS	
Number of shareholders/members:	
Details of shareholders/members:	Please complete Annexure B and/or Annexure C for each shareholder/member of the entity.
E. SERVICE IDENTIFICATION	
I would like to make use of the following services:	<input type="checkbox"/> Accounting and bookkeeping <input type="checkbox"/> Annual and other financial statements <input type="checkbox"/> BEE certification and ratings <input type="checkbox"/> Budgets and forecasts <input type="checkbox"/> Business advisory <input type="checkbox"/> Business registrations / amendments <input type="checkbox"/> Independent reviews and audit-related <input type="checkbox"/> Payroll and HR management <input type="checkbox"/> Tax (registrations, planning and submissions) <input type="checkbox"/> Legal incl. labour law <input type="checkbox"/> Trust registrations / amendments <input type="checkbox"/> Other (specify):

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F. DECLARATION

I, as representative of the above entity, declare that the information furnished above is true and correct. I furthermore declare that all information I disclose in any manner to The Tax Shop will be true and correct so as to ensure that such information is valid, accurate and complete. In no event will the Tax Shop Franchise (Pty) Ltd or any of its related companies or any of its franchises be liable to me or any other party for any lost revenue, profit, or for direct, special, indirect, consequential, incidental or punitive damages however caused and regardless of theory of liability, arising out of the use of the services offered by Tax Shop Franchise (Pty) Ltd or any of its franchises even if the Tax Shop Franchise (Pty) Ltd or any of its related companies or any of its franchises has been advised of the possibility of such losses or damages.

Full name and surname:	
Position within entity:	
Date:	
Place:	
Signature:	