



# NEW CLIENT REGISTRATION FORM - COMPANY

BUSINESS NAME:

CLIENT CODE:  
*(internal use only)*

BUSINESS TYPE:

TRADING STATUS:

WEBSITE:

CONTACT NAME:

TELEPHONE NO:

MOBILE NO:

FAX NO:

EMAIL:

DATE OF BIRTH:

ADDRESS:

  
  
  

POSTCODE:

TRADING NAME:

COMPANY REGISTERED  
NO:

DATE STARTED  
TRADING:

COMPANY UTR:

TAX REF NO:

TAX DISTRICT:

PAYE REF NO:

VAT NO:

UTR:

PAYE DISTRICT:

TURNOVER:

NO OF EMPLOYEES:

PREVIOUS ACCOUNTANT:

ADDRESS:

CLEARANCE REQUESTED:

*INTERNAL USE ONLY:*

<i>ID:</i>	<i>PASSPORT / DL</i>	<i>DATE SCANNED:</i>	<input type="text"/>
	<i>UTILITY BILL</i>	<i>DATE SCANNED:</i>	<input type="text"/>
	<i>UTILITY BILL</i>	<i>DATE SCANNED:</i>	<input type="text"/>
<i>64-8 FORM COMPLETED</i>		<i>DATE FILED:</i>	<input type="text"/>