



Director New Client Form

Date	
Client Ref	
Meeting Held By	
Partner Responsible	
Client Assigned To	

Individual Details

Client Name	Date of Birth
Address	NINO
	UTR
	Passport/Driving licence number
Phone	Marital Status
Fax	Email
Mobile	Previous Employment
Associated Company	Referred By

The information on this form is correct to the best of my knowledge. I agree that this information can be held by Robert Lewis Accountants Group and used by them and their affiliated companies as they see fit and proper. I also consent to my identity being confirmed and for my previous accountant to be contacted to retrieve information from prior years.

Signed by Client _____ Date _____