

SOLE TRADER/SUBCONTRACTOR



Date	
Client Ref	
Meeting Held By	
Client Assigned To	

Client Name

Date of Birth

Address

National Insurance Number

Personal UTR Number

Passport or Driving Licence Number:

Email

Marital Status

Home Phone

Previous Employment

Fax

Referred By

Mobile

Tax Return Required for:

2014/2015	2015/2016
<input type="checkbox"/>	<input type="checkbox"/>

Business Details

Trading Name

Previous Accountant

Address:

Nature of Trade

Year End

Needs to be registered as Self employed

Yes No

Notes overleft

Yes No

Needs to be registered for NI Class 2

Yes No

Trade Commencement

Signed by Client _____ Date _____