

**New Client Detail Sheet - Partnership**  
*Please complete a separate form for each partnership*

Name of Partnership: \_\_\_\_\_  
IRD No. \_\_\_\_\_  
Main Business Activity? \_\_\_\_\_

**Partner 1:**

First Name: \_\_\_\_\_  
Middle Names: \_\_\_\_\_  
Surname: \_\_\_\_\_  
IRD No: \_\_\_\_\_  
Postal Address: \_\_\_\_\_  
Phone: Work \_\_\_\_\_ Home: \_\_\_\_\_ Mobile: \_\_\_\_\_  
Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Partner 2:**

First Name: \_\_\_\_\_  
Middle Names: \_\_\_\_\_  
Surname: \_\_\_\_\_  
IRD No: \_\_\_\_\_  
Postal Address: \_\_\_\_\_  
Phone: Work \_\_\_\_\_ Home: \_\_\_\_\_ Mobile: \_\_\_\_\_  
Fax: \_\_\_\_\_ Email: \_\_\_\_\_

You were referred by: \_\_\_\_\_

Have you had an accountant previously? YES / NO

If yes, could you provide some comment on the positives and negatives of their service, and what you would like us to provide you with;

\_\_\_\_\_  
\_\_\_\_\_

If applicable, please provide us with your previous accountants name and address so we are able to contact them to uplift your files:

\_\_\_\_\_  
\_\_\_\_\_

Would you like to take up the Audit Insurance offer? (information enclosed)      YES / NO

Please attach proof of identification for all partners: Passport / Drivers Licence (Please circle)

Please attach proof of individuals current address for all partners: Current Bank Statement

**Please See Over**

# Terms Of Engagement & Authority To Act

**To: M & H 2015 Limited**

I/We undertake to supply all information necessary to carry out the preparation of Financial Statements and Taxation returns and will be responsible for the accuracy and completeness of such information. Your services are not intended to, and accordingly will not result in the expression by you of an opinion of the financial statements in so far as third parties are concerned, or in the fulfilling of any statutory audit requirements.

If we require you to prepare our GST, FBT, PAYE, ACC, Dept of Statistics returns, Annual company returns & responsibility for company statutory records, we undertake to supply all information necessary for their completion.

I/We give authority to you to act as tax agent on behalf of the above named partnership and to obtain information for all tax types (except child support) from Inland Revenue through all Inland Revenue media and communication channels including electronic until further notice.

You are hereby authorised to communicate with my/our Bankers, Solicitors and Finance Companies to obtain such further information as you may require in order to carry out the above assignments.

We understand that your services are not intended to, and accordingly will not result in the expression by you of an opinion of the financial statements in so far as third parties are concerned, or in the fulfilling of any statutory audit requirements.

We understand that your fee is payable within 7 days of receipt of invoice.

We understand that while every care is taken to advise us of any tax liability, ultimately, I/ we are responsible for being aware of any tax payments due.

From time to time, we may receive requests to furnish your financial details to third parties. In order to comply with privacy laws please acknowledge that we accept your verbal authority as legal confirmation in these circumstances.

I/We consent to the Personal Information provided to M & H disclosed to the Identification Verification Providers and I/we authorise the Verification Providers to use any information they hold in their databases about us to compare against the information I/we have provided.

Signed by the Partners

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DATE.....

**Office Use Only**

Interviewed by: \_\_\_\_\_

A/C Manager: \_\_\_\_\_