



Client code: _____

GENERAL INFORMATION

Date: _____

Business Name: _____

Trading As: _____

Client Name and Surname: _____

How did you hear about us? _____

ID No.(if individual) _____

* Please provide a certified copy of individual's identity document

Registration No.: (Company/CC) _____

** Please provide certified copies of ALL Members'/Directors' identity documents

Telephone No.: _____

Cellphone No.: _____

E-mail address: _____

Physical Address: _____

Postal Address: _____

TAX INFORMATION

Income Tax Ref. No.: _____

VAT Reference No.: _____

PAYE Reference No.: _____

E-filing log-in name (if applicable): _____

E-filing log-in password (if appl): _____

TERMS & CONDITIONS:

I, the undersigned in my capacity as Director, Member, Trustee or owner hereby agree to the following:

1. Accounts will be settled within **30 days** from date of statement
2. Interest will be levied at 2% per month on all outstanding balances exceeding 30 days from statement
3. Fees will be charged FOR TIME SPENT and in accordance with rates recommended by S.A.I.C.A.
4. All disagreements or objections with fee invoices is required to be lodged in writing within 2 MONTHS from date of invoice falling which the fees will be deemed to be correct and payable
5. All documents and records prepared by our offices will remain property of Fenns Inc until all outstanding accounts have been settled
6. Hereby give personal surety for any outstanding FENNS accounts by above entity
7. Authority is given to given to perform work as per the attached service menu

Fee Structure / R hour (excl VAT):

Partners	1500 - 2200
Senior Managers	800.00
Junior / Middle Managers	300.00 - 450.00
Senior Clerks	190.00 - 260.00
Junior Clerks	110.00 - 180.00

N.B. Please note that these rates are subject to change or annual increase, without notice.

I accept the above

Signature :

Date :

FENNS INCORPORATED
SERVICES REQUIRED

Please mark which of the following services are required:

		Y/N
Accounting:		
Capturing and posting of monthly books		<input type="checkbox"/>
VAT calculation, return submission & payment		<input type="checkbox"/>
PAYE calculation, return submission & payment		<input type="checkbox"/>
UIF completion & submission		<input type="checkbox"/>
Payslips		<input type="checkbox"/>
Debtors monthly invoices & statements		<input type="checkbox"/>
Creditors monthly recon & payments		<input type="checkbox"/>
Cashbook & Bank recon:	Bank account	<input type="checkbox"/>
	Credit card	<input type="checkbox"/>
	Investment account e.g. call account	<input type="checkbox"/>
Management accounts:	Monthly	<input type="checkbox"/>
	Bi-monthly	<input type="checkbox"/>
Preparation of Annual Financial Statements:		
Annual Audit of Financial Statements:		
Tax:		
Company Tax		<input type="checkbox"/>
Individual Tax		<input type="checkbox"/>
Trust Tax		<input type="checkbox"/>
Income Tax		<input type="checkbox"/>
Provisional Tax		<input type="checkbox"/>
Tax Clearance Certificates		<input type="checkbox"/>
Check outstanding Tax		<input type="checkbox"/>
Registrations:		
VAT		<input type="checkbox"/>
PAYE/SDL/UIF		<input type="checkbox"/>
Workmen's Compensation		<input type="checkbox"/>
Income Tax		<input type="checkbox"/>
Secretarial:		
Amendments to (Pty) Ltd or CC		<input type="checkbox"/>
Submission of Annual Returns to CIPC		<input type="checkbox"/>
Check outstanding Annual Returns		<input type="checkbox"/>
*** The Annual Return is the fee payable to CIPC to maintain the registration of the CC/Company		
B-BBEE Certification		<input type="checkbox"/>
Workmen's Compensation Return of Earnings		<input type="checkbox"/>

Signature :

Date :

What we need to do: (FOR OFFICE USE ONLY)	Person Responsible	Initial	Date
_____ Appointment letter			
_____ Open code			
_____ Open file			
_____ Fee earner			
_____ Change contact details - SARS & CIPC			
_____ Add to Annual Return list			
_____ Add to client list			
_____ Add to marketing client list			
_____ Add to PAYE / VAT / UIF list			
_____ Add to Tax list			