

Client Information Form

Please complete this form using block capitals

Contact Details

Title and Forename:	
Surname:	
D.O.B:	
NI Number:	
UTR No:	
Nationality:	
Address:	
Postcode:	
Country:	
Telephone Number:	
Mobile Number:	
Email:	
Fax Number:	

Proof of identity (e.g. copy of passport / driving licence with photocard)

Please ensure that you also include-

an original utility bill (dated within the last 3 months)

64-8 (if requested)

Winchester office

t. 01962 856 990

London office t. 020 7917 2824

Innovations House, 19 Staple Gardens Winchester, Hampshire, SO23 8SR

Tax Innovations, London Office 180 Piccadilly, London, W1J 9HF



FOR INTERNAL USE ONLY

Allocated Manager (II	าitial	S)):
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Services	tο	he	provided:
JCI VICCS	ιO	DC	provided.

Personal Tax	Annual Accounts	Statutory Accounts	Corporation Tax	VAT

				Other
Management		Investment		
Accounts	Payroll	Tax	P11D	

Generated	Sent	Completed / Received

L.O.E / ML

Iris

64-8

Database

Hard copy

Quickbooks

Other comments / related companies or clients:

Actions: File Seen and Reviewed by: S Christy

Iris N Day

P Drive L Griffiths

S Griffiths S Nichols

J Pearson

N Turpin

J Waddington

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