



R. M. Rahim & Co.

Chartered Accountants & Business Advisers

New Client Information Sheet

Please fill out the following required information prior to your appointment.

*Fields marked with a * must be filled.*

Business Name:

If applicable

*** First Name:**

*** Last Name:**

*** N I Number:**

*** Date of Birth:**

*** Home Address**

*** Business Address:**

Leave blank if same as above

*** Phone Number:**

*** Email Address:**

Marital Status : Single / Married / Other

Number of dependants: _____

Website:

Previous Accountant Details:

Who referred you?

If applicable

Please take this completed form in with you to your appointment

