**Prospective Client Questionnaire**

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| **No.** | **Questions** | **Comment** |
| 1. | Local Company’s Name |  |
| 2. | Local Company’s Shareholders |  |
| 3. | Local Company’s Director |  |
| 4. | Local Company’s Address |  |
| 5. | When was the Company incorporated? |  |
| 6. | When is the company’s financial period? |  |
| 7. | What is the accounting method of the company? | Accrual Basis  Cash Basis  Other, please state: |
| 8. | Approximate number of transactions per month |  |
| 9. | Does the company have a specific reporting template? |  |
| 10. | Has the company prepared the following books in good standing? |  |
|  | * Journal entries | Yes  No |
|  | * General ledger | Yes  No |
|  | * Cash/ bank books | Yes  No |
|  | * AP/ AR ledgers | Yes  No |
|  | * Trial balance | Yes  No |
|  | * Income statement | Yes  No |
|  | * Balance sheet | Yes  No |
| 11. | Accounting system, e.g. | Manual  Computerized |
|  | * name of system /developer |  |
|  | * any sub ledger |  |
|  | * reconciliation |  |
| 12. | Size of company in terms of |  |
|  | * number of employees |  |
|  | * turnover |  |
|  | * total assets |  |
|  | * total liabilities |  |
|  | * EBIT |  |
| 13. | Where does the company maintain its documents / records |  |
| 14. | Does the Company have Tax ID Number ? | Yes  No |
| 15. | Is the company a VAT registered enterprise | Yes  No |
| 16. | How many invoices the company has per month | Incoming invoices  Outgoing invoices |
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