

To SIMPLE.CO.NZ Ltd

ENGAGEMENT OF SIMPLE.CO.NZ LTD AS OUR ACCOUNTANTS

We wish to engage your services as our accountants and fully accept your Terms and Conditions as stated on your website.

We undertake to supply all information necessary for you to carry out such services, and we accept full responsibility for the accuracy and completeness of such information. We understand that you will rely upon the information provided by us to undertake such services.

We understand that the Financial Statements and Taxation Returns are prepared for our own use and to determine our taxation liabilities. If this should change in any material respect, we will inform you immediately. We accept you will not accept any responsibility to any person, other than us, for the contents of the Financial Statements.

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DECLARATION:

I/we:

- have read, understood and agree to abide by your Terms and Conditions;
- accept and understand that your Terms and Conditions may change from time to time, and that we can access copies of your current Terms and Conditions from the Simple.co.nz Ltd website www.simple.co.nz;
- authorise any person or company, under the Privacy Act 1993, to provide you with any information you may require in providing the Services;
- undertake to pay accounts as they fall due;
- elect SIMPLE.CO.NZ Ltd to obtain information from the Inland Revenue Department, ACC, or any other financial institution by way of fax, phone, correspondence and Internet and we accept that all IRD correspondence will be sent directly to SIMPLE.CO.NZ Ltd.

1 _____ IRD#: _____ - _____ - _____ SIGNED: _____
(NAME)

2 _____ IRD#: _____ - _____ - _____ SIGNED: _____
(NAME)

3 _____ IRD#: _____ - _____ - _____ SIGNED: _____
(NAME)

4 _____ IRD#: _____ - _____ - _____ SIGNED: _____
(NAME)

5 _____ IRD#: _____ - _____ - _____ SIGNED: _____
(NAME)

Date: ____ / ____ / ____

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CLIENT DETAILS

LAQC NAME: _____

TRUST NAME: _____

PARTNERSHIP NAME: _____

NAME OF BEST PERSON TO CONTACT: _____

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CHILDREN'S NAME: _____ IRD NO: _____ DOB: _____

CHILDREN'S NAME: _____ IRD NO: _____ DOB: _____

CHILDREN'S NAME: _____ IRD NO: _____ DOB: _____

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BEST CONTACT TELEPHONE NO: _____ FAX NO: _____

HOME TELEPHONE NO: _____ CELLPHONE: _____

PHYSICAL ADDRESS: _____

POSTAL ADDRESS: _____

EMAIL ADDRESS: _____

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NOTES/OTHER INFORMATION SIMPLE.CO.NZ LTD MIGHT REQUIRE:

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