KR8 ADVISORY
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Company information required at the point of taking formal instructions

Please complete the following questionnaire and return it with supporting information where required.

Failure to provide all books, records and data and limit access may result in a breach of duty by the directors.

Company Information

Trading name:			
Nature of business:			
Principal trading address:			
Telephone number:			
Fax number:			
Other trading addresses:			
Date trading commenced:		Date trading ceased:	
Company number:			
Date of incorporation:			
Change of name:			
Registered office:			
Authorised share capital:		……. Ordinary shares of ……each …… Preference shares of ……each	
Issued share capital – ordinary shares			

Issued share capital – preference shares	

Directors

Name of director	**Address**	**Phone and fax numbers and email**
Date of appointment:		Home: Mobile: Work: Fax: Email:
Date of appointment:		Home: Mobile: Work: Fax: Email:
Date of appointment:		Home: Mobile: Work: Fax: Email:
Date of appointment:		Home: Mobile: Work: Fax: Email:

Company Secretary

Name	**Address**	**Phone, fax & email numbers**
Date of appointment:		Home: Mobile: Work: Fax: Email:

Please provide details of any de facto or shadow directors in the space below.

Shareholders

Shareholder	**Address**	**Number and type of shares held**
Name: Phone number:		
Name: Phone number:		
Name: Phone number:		
Name: Phone number:		
Name: Phone number:		

Please provide details of any recent changes in shareholdings below.

Professional Advisors

Bankers

Name and address:	
Contact:	
Telephone/fax numbers: Email address:	Phone: Fax:
Account numbers and current facility for each account held in the name of the company:	Current a/c no. Current balance: Overdraft facility: Deposit a/c no. Current balance: Loan a/c no. Current balance: Loan facility:

Details of security held: (attach a copy of any fixed and floating charges)
Details of guarantors:

Solicitors

Name & address:	
Contact:	
Phone, fax & email numbers:	Phone: Fax: Email:

Accountants/Auditors

Name & address:	
Contact:	
Telephone/fax numbers: Email address:	Phone: Fax:

Insurance Brokers/Insurers

Name & address:	
Contact:	
Telephone/fax numbers: Email address:	Phone: Fax:
Policy number(s): (copies attached)	Date of expiry of insurance cover:

Company Websites

Did the company operate a web-site?	
If so, provide details of the web-site provider/host.	
Did the company operate via an online market such as Ebay?	

Creditors

HMRC – Local VAT office

Address:	
VAT Registration No.:	
Phone and Fax numbers:	Phone: Fax:

HMRC - Inspector of Taxes (Corporation Tax)

Address:	
Reference No.:	
Phone and Fax numbers:	Phone: Fax:

HMRC - Collector of Taxes (PAYE)

Address:	
Reference No.:	
Phone and Fax numbers:	Phone: Fax:

The Contributions Agency

Address:	

Reference No.:	
Phone and Fax numbers:	Phone: Fax:

Telephone(s) (Land Lines)

Supplier Name and Address:	
Account Reference Number(s):	
Phone and Fax numbers:	Phone: Fax:

Telephone(s) (Mobiles)

Supplier Name(s) and Address(es):	
Account Reference Number:	
Phone and Fax numbers:	Phone: Fax:

Gas

Supplier Name and Address:	
Account Reference Number:	
Phone and Fax numbers:	Phone: Fax:

Electricity

Supplier Name and Address:	
Account Reference Number:	
Phone and Fax numbers:	Phone: Fax:

Alarm Provider

Name and Address:	
Account Reference Number:	
Phone and Fax numbers:	Phone: Fax:

Merchant Services Provider

Name and Address:	
Account Reference Number:	
Phone and Fax numbers:	Phone: Fax:

Factoring Company

Name and Address:	
Account Reference Number:	
Point of Contact:	
Phone and Fax numbers:	Phone: Fax:

Hire Purchase / Leasing Companies: Finance Company (1)

Name:		Address:	
Agreement No.	Asset	Value of Asset	Amount o/s
Phone:		Fax:	

Finance Company (2)

Name:		Address:	
Agreement No.	Asset	Value of Asset	Amount o/s
Phone:		Fax:	

Finance Company (3)

Name:		Address:	
Agreement No.	Asset	Value of Asset	Amount o/s
Phone:		Fax:	

Finance Company (4)

Name:		Address:	
Agreement No.	Asset	Value of Asset	Amount o/s
Phone:		Fax:	

Other Secured Creditors (1)

Name:		Address:	
Type of Security (attach copy)	Asset secured	Value of Asset	Amount o/s
Phone:		Fax:	

Other Secured Creditors (2)

Name:		Address:	
Type of Security (attach copy)	Asset secured	Value of Asset	Amount o/s
Phone:		Fax:	

Writs or Other Legal Processes including Winding up Petitions

Name of creditor	**Amount**	**Solicitor/Enforcement Officer**	**Execution completed?**
		Reference:	Yes / No
		Reference:	Yes / No
		Reference:	Yes / No
		Reference:	Yes / No
		Reference:	Yes / No

Trading premises

Property address and basis of occupation	**Name and address of landlord**	**Annual Rent & Service Charge**	**Date Rent last paid & current arrears**
Address: Lease/licence/no written agreement		Rent: Service charge:	Date: Arrears

Address: Lease/licence/no written agreement		Rent: Service charge:	Date: Arrears
Address: Lease/licence/no written agreement		Rent: Service charge:	Date: Arrears

Please provide all leases and licences.

Employees

Number of Employees:	
Date when employees were/to be made redundant:	
Date last paid:	
Date paid up to:	
Any arrears of pay:	Yes / No
Date due to be paid:	
Where are wages records?	
Holiday year:	From: To:

Please provide a list of all creditors of the company, including employees, using additional sheets as necessary. If the company currently holds stock that has been supplied by a creditor on ROT terms please indicate (√) this in the column headed ROT

Name of creditor	**Address**	**Amount owed £**	**ROT?**
HMRC – PAYE/NIC (Employees)			
HMRC - VAT			
HMRC - CIS			
HMRC – Other Liabilities incl interest and charges			

<u>Debtors</u>

Please provide an aged list of debtors to include names and addresses and:

- Copies of the outstanding invoices
- Copies of any other supporting evidence (e.g. delivery notes/purchase orders etc.)
- Details of any completed works yet to be invoiced
- Details of any work in progress

Information required prior to Appointment

- Unrestricted access to all financial and other relevant records and information concerning the Company's affairs. In order to facilitate this, we sometimes use real time access to Open Banking and Accounting, via a secure portal, Alph4 Limited. As part of this process, you may receive two emails from kr8@alph4.uk, providing you with links to provide authorisation to access this information. In the event that your bank does not support Open Banking, we will discuss with you the alternative medium for collating this information.
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- Final (draft) HM Revenue & Customs returns including VAT, PAYE, P35 and P45s (and where available computations up to the date of cessation).

- Details of any transactions that have occurred with connected parties during the last 12 months other than in the normal course of business.

- Details should be provided of any parties who have guaranteed any of the Company's liabilities. These parties are likely to be required to pay such liabilities by the creditors concerned. Any details of guarantees provided to other parties by the Company should also be provided.

- Company records and accounting information to include:

  - Company's statutory records (incorporation certificate, memorandum and articles of association, company stamp).
  - Copies of the last three years (or as prepared) sets of full financial accounts (as filed or in draft)
  - Management accounts from the end of the last financial accounts to date.
  - Minute book.
  - Fixed asset register (as up to date as possible).
  - Health & Safety - Accident book, inspection and safety certificates. Details of any currently known or future risks/liabilities.
  - Environmental – Licences, relevant correspondence and inspection reports. Details of any currently known or future risks/liabilities.

- Actions on behalf or against the Company including but not limited to:

  - Details of any on-going legal actions commenced by or against the Company.
  - Details of any on-going insurance claims by or against the Company.

- GDPR Information to include, but not necessarily limited to:

  - If we are considering trading the company, all documentation detailing your Data Protection policies, the internal/external reviews conducted and any Data Protection Impact Assessment and any breaches that have occurred.
  - Confirmation as to whether you hold any special category data and the safeguards in place to meet the GDPR requirements.
  - Details of your data protection officer (or other person assigned to help the Company comply with Data Protection Law) and, if so, their identity and contact information so that we may liaise with them.
  - Passwords to access the digital data you provide and confirmation that access has been restricted so that the risk of any breach is mitigated.
  - Confirmation that digital data once copied has been deleted from any personal laptops.

  Please note that current Data Protection Law applies to all data held and it is your responsibility to comply with this law.

Information required post appointment

Once appointed we will require the company's books and records to enable us to satisfy statutory obligations.

This information will comprise the company's books and records for the previous six years and must include:

- Bank statements,
- Company credit card statements
- Cheque books
- Paying-in books
- Purchase invoices
- Sales invoices
- Cash book
- Backup of company's accounting software/systems
- Backup of company's server
- Insurance documentation (including schedules of policies and certificates of insurance)
- Pension file
- VAT file
- PAYE records, including yellow paying-in book.
- Vehicle ownership records, including any V5 documents.

Pension Scheme Declaration for Completion by the Employer

a) Have you ever operated a company pension scheme for any of your employees? **YES/NO**

If yes please provide details below:

1. **Name of Scheme:**

   Policy Number:

   Pension Scheme Insurer/Administrator:

   Pension Scheme Trustees:
   Type of Scheme:
   e.g. Defined Benefit (Final Salary), Defined Contribution (Money Purchase) or Hybrid

2. **Name of Scheme:**

   Policy Number:

   Pension Scheme Insurer/Administrator:

   Pension Scheme Trustees:
   Type of Scheme:
   e.g. Defined Benefit (Final Salary), Defined Contribution (Money Purchase) or Hybrid

3. **Name of Scheme:**

   Policy Number:

   Pension Scheme Insurer/Administrator:

Pension Scheme Trustees:
Type of Scheme:
e.g. Defined Benefit (Final Salary), Defined Contribution (Money Purchase) or Hybrid

4. **Name of Scheme:**

   Policy Number:

   Pension Scheme Insurer/Administrator:

   Pension Scheme Trustees:
   Type of Scheme:
   e.g. Defined Benefit (Final Salary), Defined Contribution (Money Purchase) or Hybrid

Please provide details of any additional Schemes on a separate sheet.

Auto-Enrolment

b) Please list your PAYE Scheme reference number below. An example format for this number is 913/WZ5121A and this can be found on a P6 or P9 coding notice or a white payslip booklet P30BC.

   __ __ __ / __ __ __ __ __ __ __

c) Please also list your 13 digit PAYE Accounts Office Reference number (found on your HMRC white payslip booklet P30BC):

   __ __ __ __ __ __ __ __ __ __ __ __ __

d) Please provide your Auto Enrolment 10 digit letter code which can be found on any letters received from the Pensions Regulator:

   __ __ __ __ __ __ __ __ __ __

e) Were any of the above pension schemes set up for Auto Enrolment? YES/NO

f) If yes, which pension scheme number above?

g) When was/is your Staging Date for Auto Enrolment?

h) Have you submitted a Declaration of Compliance to the Pensions Regulator 5 months after your Staging Date?

i) If so, what date did you do this on?

j) Where are your Auto Enrolment records (including member opt outs) stored?

k) Please provide contact details for the individual at the company that was responsible for Auto Enrolment?

In addition to the above, it would be really useful if you could attach copies of any correspondence that you have in relation to the company pension schemes that you operated.

Signed: ……

Print Name: ……

Job title: ……

Date: ……..