

## Initial Enquiry Form for Business Broker Agency Opportunity

Please tick where necessary

### PERSONAL INFORMATION

Your Name: .....

Practice Name: .....

Position in Firm: .....

Address of Practice: .....

.....

..... Postcode: .....

Tel No: ..... Mobile: .....

Fax No: ..... E-Mail: .....

## DETAILS OF YOUR PRACTICE

### Type of Practice:

- Sole Practitioner       Partnership       Limited Company       LLP

### Regulator of Practice:

- Chartered       Certified       Other (Please Specify:.....)

### Type of Service:

- General       FSA       Audit  
 Payroll       Insolvency       Tax Specialist  
 Expert Witness       Other (Please Specify:.....)

### General Clients Profiles:

- Sole Traders       Individuals       Limited Companies  
 Partnerships       Trusts       Charities / Not for profit  
 Other (Please Specify:.....)

- How many offices do you have? .....
- How many partners are there in you firm? .....
- What is the estimated GRF of your practice? .....
- How many staff are currently employed in your practice? .....
- Have you had any disciplinary matters or adverse publicity at any time in the past, or currently pending?  
 Yes       No
- Have you made any PI claims in the past, or are there any claims pending?  
 Yes       No
- Finally - Have you had any previous experience in buying, selling or valuing a business?  
 Yes       No

If the answer is yes please let us know a brief description of the experience you have had, this can be added overleaf or on a separate piece of paper.

**Thank you for taking the time to complete this form. You can return it to us by post, e-mail or fax, the details of which you can find below.**