

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.