

# Practice Acquisition Questionnaire

Please tick where necessary

## PERSONAL INFORMATION

Your Name: .....

Position in Firm: .....

Your Qualification: .....

Address of Practice: .....

.....

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

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

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

Preferred Method of Contact: .....Preferred time of day to call: .....

## DETAILS OF YOUR PRACTICE

Practice Name: .....

Type of Practice:

- Sole Practitioner     Partnership     Limited Company     LLP

Regulator of Practice:

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

Type of Service:

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

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

General Clients Profiles:

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

Practice Information:

Annual Turnover:                    £ .....

Partner charge out rate:            £.....per hour

Estimated Gross Payroll Cost?    £ .....

How many Partners are there in your practice? (including yourself): .....

Their age range:                    .....

How many?                            Other fee earners:.....

Administration Staff: .....

Clients does your practice have:.....

## DETAILS OF YOUR PRACTICE cont

Within how many miles of your practice are your client's premises?

- 10                       25                       50                       over 50

How long has your practice been established? .....

How was your practice established?

- Established Myself                       Grown through Acquisition  
 Inherited or replaced retiring partner                       Grown through merger

If through acquisition how many purchases have you made to present date?.....

What accounts software does your practice use?

- Sage                       Iris                       Digita  
 InPractice                       VTSoftware                       Other (Please Specify:.....)

Any other relevant information:.....

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## DETAILS OF YOUR REQUIREMENTS

What type of practice are you looking to acquire?.....

Do you prefer to integrate fees acquired into your existing practice?

- Yes                       No                       Not Sure

What is your maximum fee income you are looking to purchase?                      £.....

What is the preferable distance from your current practice?

- 10 miles                       25 miles                       50 miles                       Any

Do you wish to purchase whole practices, a block of fees. Are you considering a merger or will you consider other options?

- Whole Practice                       Block of Fees                       Merger                       Consider Options

Will you wish to retain staff working in acquired practice?

- Yes                       No                       Not Sure

Do you have office space to accommodate the acquisition?

- Yes                       No

Do you have enough staff to accommodate the acquisition?

- Yes                       No

Please briefly state any other parameters you have: .....

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## CONSULTANCY FEES

Free consultation and valuation.

Ongoing Consultation by arrangement.

Marketing fees by arrangement.

Each party pays 3.75% of the agreed concluded sale price.

Prices exclude VAT where applicable.

Please note: All fees are negotiable.

## OUR PROMISE

We guarantee that we will be there for you at every stage, from the initial contact right through to completion.

The FD philosophy of putting the customer first is integral to Kensington's modus operandi, ensuring that you will receive a personal and professional service at all times regardless of the size of your practice.

**Finally, may we ask you to read and sign the letter of confidentiality which you will find overleaf.**

Thank you for taking the time to fill out this questionnaire. Please return it to us at your convenience. Looking forward to working with you and achieving beneficial outcomes for all parties involved.



**TWO WAY CONFIDENTIALITY AGREEMENT P2 of 2****3. Limitations and warranty**

- i) The recipient party shall:
  - a) not divulge the owner's Confidential Information, in whole or in part, to any third party;
  - b) use the same only for the Purpose; and
  - c) make no commercial use of the same or any part of it without the prior written consent of the owner.
- ii) Notwithstanding the foregoing, the recipient party shall be entitled to make any disclosure of the Confidential Information required by law provided that it gives the owner not less than 7 day's notice of such disclosure.
- iii) The owner reserves all rights in the Confidential Information and no licence is granted or to be implied from this Agreement, whether directly or indirectly under any patent, invention, discovery, copyright or any other Intellectual Property or otherwise.
- iv) The owner warrants its right to disclose the Confidential Information to the recipient party and to authorise the use of the same for the Purpose.

**4. Notices**

All notices under this Agreement shall be in writing, sent by facsimile, e-mail or first class registered or recorded delivery post to the party being served at its address specified above, or at such other address of which such party shall have given notice in accordance with this clause, and marked for the attention of that party's signatory to this Agreement. The date of service shall be deemed to be the day following the day on which the notice was transmitted or posted as the case may be.

**5. Termination**

This Agreement shall continue in force from the date of its commencement until terminated by mutual consent or by either party giving not less than 14 day's prior written notice to the other. The provisions of clauses 1, 2, 3 and 6 shall survive any such termination.

**6. Governing Law**

This Agreement shall be governed and construed in accordance with the laws of England.

As witness this Agreement has been signed by and on behalf of each party by its duly authorised representatives on the day and year of first above written.

Name ..... Name .....

Signature ..... Signature .....

For and on behalf of **Kensington Brokers Ltd** For and on behalf of .....

Date ..... Date .....