



Client Intake Form

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Prospective Client – Business Contact Details

Contact Person Name:

Phone Number:

Email Address:

1. Business Overview

1. What is the legal name of the business?

2. What type of entity is it (sole proprietor, partnership, LLC, company)?

3. When was the business established?

4. What industry do you operate in?

5. Do you operate locally, regionally, or internationally?
6. Do you have multiple locations or related entities? If yes, please explain.

2. Ownership & Management

9. Do you currently have an internal bookkeeper or finance staff?

10. Who will be our primary point of contact?

3. Current Accounting Setup

11. What accounting software are you currently using (e.g., QuickBooks, Xero)?

12. How up to date are your books?

13. Are bank and credit card accounts reconciled monthly?

14. Are your records maintained in-house or by a prior accountant?

15. Are there any known issues or backlogs in your accounting records?

4. Scope of Services Required

- Bookkeeping
- Payroll
- VAT filing
- Financial statement preparation
- Business licence review
- CFO / advisory services

17. Do you prefer an hourly arrangement or a fixed monthly package?

18. Are there any urgent or time-sensitive deliverables?

5. Financial Activity & Volume

19. What is your estimated annual turnover?

20. Average number of monthly transactions?

21. Number of bank accounts and credit cards?

23. Do you handle inventory or fixed assets?

6. Compliance & Regulatory Matters

24. Are VAT filings up to date?

25. Have all business licences been renewed to date?

26. Are you required to submit audited financial statements?

27. Have there been any compliance issues or penalties in the past?

28. Do you operate under one or multiple TINs?

Client Acknowledgement

Client Signature:

Date:

By signing above, you confirm that the information provided is accurate to the best of your knowledge.