CLIENT INFORMATION QUESTIONNAIRE



PHARMACY

Name:			Balance Date:	/	/
Address:			Phone:	Home	:
		<u></u>	Cellphone:		
	Postcode		Email:		

To ensure we have your correct contact details, please advise if any of the above information is incorrect.

For Preparation of Annual Financial Statements

Please provide the relevant information as requested in each section and indicate when completed or not applicable by ticking the appropriate box.

- 1. We agree to the terms of Engagement listed on page two and confirm that the information supplied above is accurate and complete.
- 2. We hereby authorise **Moore Markhams Auckland** to seek any additional information they may require for the purpose of preparing our financial statements and statutory requirements with the Inland Revenue Department and Registrar of Companies from our Solicitor, Advisor, Employees, Bank, ACC or other financial institution to supply such information. We authorise **Moore Markhams Auckland** to sign Income Tax, GST and other associated returns on our behalf.
- 3. We confirm for the purposes of the Privacy Act 1993 that the information contained in this questionnaire has been provided to Moore Markhams Auckland to enable them to fully advise us in the management of our financial affairs and authorise Moore Markhams Auckland to utilise that information for that purpose in such manner as they may consider appropriate including, by way of example and not limitation, the preparation and completion of annual accounts and income tax returns, the provision of information to our banks, solicitors or other advisors.
- 4. We confirm that **Moore Markhams Auckland** will provide assistance in meeting tax obligations, including advice on payments and/or reminder letters for taxes due. However, the responsibility for paying the correct tax on time rests with the taxpayer, not **Moore Markhams Auckland**.

I / We confirm that the information contained in this questionnaire is correct.

SIGNED:	

DATE:

Moore Markhams is a network of independent firms that are each members of Moore Global Network Limited.

Member firms in principal cities throughout the world.

Moore Markhams Auckland is a partnership of companies A Mehta Limited, SMW Bassett Limited, C P Hemphill Limited, John W Teague Limited, Kiran M Bhikha Limited, Wilson Partners Limited and Wilson Partners (2009) Limited.

> Level 1, 103 Carlton Gore Road, Newmarket, Auckland 1023, New Zealand Telephone (09) 309 6011, Fax (09) 366 0261 admin.akl@markhams.co.nz

Notes:

TERMS OF ENGAGEMENT

Moore Markhams Auckland will compile your financial statements, in accordance with the standards applicable to compilation engagements, from information provided by you. We will not audit, review or otherwise attempt to verify the accuracy of that information.

Our services will not result in the expression of an audit opinion or any other form of assurance on the financial statements nor the fulfilling of any statutory or other audit requirement. Our services cannot be relied upon to detect fraud or error in your organisation.

Our obligations are to:

- 1. Accurately compile the financial information with due professional care.
- 2. Process the information in an effective and efficient manner.
- 3. Respect the confidentiality of the information acquired in the course of our work.

It is understood and agreed that:

- You will provide us with accurate and complete information necessary to compile such statements and you will accept responsibility for any failure to supply us with all the relevant records and information. This includes information supplied to us for the preparation of Goods and Services Tax Returns.
- 2. The responsibility for the accuracy and completeness of the assertions in the financial statements remains with you.
- 3. The financial statements will be conspicuously marked as unaudited and you will attach our disclaimer (which is in a form approved by the Institute of Chartered Accountants Australia and New Zealand) when distributing the financial statements to third parties.
- 4. The Inland Revenue Department penalties regime is based on voluntary compliance with a new standard of reasonable care. Penalties range from 20% of the tax omitted to 150% dependent on the seriousness of the breach, together with use of money interest, and late payment penalties.
- 5. Our fees are on a time basis with per hour charge rates varying, depending on the experience of staff and directors engaged. Our payment terms are 20th of the month following invoices unless agreed otherwise (in advance).

If you have any questions please discuss these with us before signing this Questionnaire.

1 RECORDS REQUIRED

Section (a)

	-	Backup file (e.g. MYOB, Quic Please note the version of the	YES	N/A			
	-	For Xero, (or similar online products) if you have not already, please invite your Accountant to have access to your online file				N/A	
					YES		
	_		accounts for the month of balance manual records are kept, please				
		for the whole financial year.	YES	N/A			
	-	Wage records (electronic and		ave been treated	YES	N/A	
	-	Interest and dividend advices	of car expenses, insurances, etc h	ave been treated.	YES YES	N/A N/A	
	-	Till summary report from 1 Ap			YES	N/A	
	-	Dispensary summary report f	rom 1 April to 31 March		YES	N/A	
	-	Purchase rebates received			YES	N/A	
2	CA	SH ON HAND					
	Cas	sh on hand should include cash	n floats and Eftpos/Visa/Amex/Din	ers and cash sales			
	pric	or to Balance Date but not bank	ed until after Balance Date.				
		Cash Float	\$		YES	N/A	
		Income not banked	\$ (Inclusive of GST)	Date banked	YES	N/A	
3	STO	OCK ON HAND					
	Stock and work in progress should be valued at the lower of cost or market value. You are						
	required to take stock as close to Balance Date as possible and maintain full records.					N/A	
		Value of stock on hand	\$		YES		
		Value of work in progress	\$				
	Do these figures include GST? Yes/No						
		Do these lightes include GST	! 165/110				
		Basis of valuation	Cost	YES N/A			
			Market	YES N/A			
			Retail	YES N/A			
4	TA	X RECORDS					
	Please provide copies of the following with supporting work papers: YES N/A				N/A		
	-	GST Returns		YES N/A			
	-	FBT Returns		YES N/A			
	-	RWT Reconciliation YES N/A					

YES

N/A

- ACC invoices/statements

5 PETTY CASH

Details of all Petty Cash expenditure if not already on reimbursing cheque butt

YES N/A

6	ACCOU	NTS	PAYABLE
---	-------	-----	---------

Please provide list of creditors at Balance Date (INCLUSIVE OF GST)

	PAYE Payable at Balance Date \$				
	- Copy of Employer Deductions (IR345)	YE	S	N/A	
	- Suppliers statements at Balance Date (e.g. Propharma, PWL, etc)			N/A	
	 Details of any extended credit, including statements 			N/A	
7	ACCOUNTS RECEIVABLE Please supply us invoices/reports for the following: For Fortnightly Claiming				
	HealthPAC Claim 1st to 15th	Y	ΈS	N/A	
	HealthPAC Claim 16th to last day of month		'ES	N/A	
	<i>or</i> <u>For Weekly claiming</u> HealthPAC Claim 8 th to 15th HealthPAC Claim 16 th to 23rd HealthPAC Claim 24 th to last day of month	Y	ÉS ÉS ÉS	N/A N/A N/A	
	Shop Debtors	Y	ΈS	N/A	
	Other Debtors		ΈS	N/A	
8	Bad debts written off during the year if any \$ (INCL ASSETS PURCHASED/LEASED Please provide hire purchased agreements, lease agreements, and invoices	<u>GST) Y</u>	ΈS	N/A	
	for all fixed assets costing over \$500 (GST excl.) purchased or leased during the year.	Y	ΈS	N/A	
9					
10	MORTGAGES AND LOANS If you have raised or repaid any new mortgages and/or loans during the year please supply the following information:				
	 Mortgage and/or Loan Statements Mortgagee or lender Principal Sum Security Term and repayment date Current interest rate Purpose of Mortgage/loan YES N/A 				

11 PRIVATE MOTOR VEHICLE(S) – BUSINESS USAGE

(This section is not applicable to vehicles owned by companies, where Fringe Benefit Tax is paid) For business use of privately owned vehicles, a claim for motor vehicle running costs is limited to business use, ascertained from a daily log book.

With a daily log please provide: Business kms for year Total kms for year

Please provide details of all motor vehicle expenses e.g. petrol, insurance, servicing and detail of any sale or purchase of motor vehicle during the year.

Was any private motor vehicle expenses charged to the business accounts? If so, please provide details.



YES

N/A

12 PRIVATE USAGE

	 Your estimate of the value of business good per week/year The cost of domestic power and gas The cost of any other personal goods or semonthly business payments (not detailed or semonthly business payments) 	ervices included in your	cost price <u>\$ </u> \$\$	YES	N/A
13	WAGES PAID TO SPOUSE AND/OR FAMILY If you paid wages to your spouse and/or family			YES	N/A
	If you paid wages to your spouse and/or family	please supply details		115	N/A
14	USE OF HOME FOR BUSINESS PURPOSES			YES	
	This may include the use of an area as an office or storage room, and other use of your				N/A
	home for business purposes.			YES	N/A
	What is the percentage of your home used for b	ousiness purposes?	%	110	IN/A
	Expenditure incurred on dwelling: (If paid from business account these should be clearly identified).				
	- Rates	\$	_		
	 Water Rates Interest on Mortgage 	\$\$ \$	_		
	- Electricity and Heating	\$\$	—		
	- Business Toll Calls	\$	_		
	- Telephone Rental	\$	_		
	- Insurance	\$ \$	_		
	- Repairs - Office	\$	_		
	- Repairs - General	\$	_		
	- Rent	\$			
	- Others	\$	_		
15 16	SOLICITORS STATEMENTS Please supply us with all invoices for legal fees settlement statements. GENERAL			YES	N/A
	 Have there been any changes in shareholding since the start of the financial year? Please provide details if the company records are not maintained by Moore Markhams Auckland. Please advise if there are any contingent liabilities you are aware of that existed at Balance D These are possible liabilities as a result of past events that depend on the happening of some future event. 				N/A
					N/A
	 Please advise of any matter or circumstance since the end of the financial year, not otherwise dealt with in the information supplied, that has significantly affected, or may significantly affect, the operations of your business, the results of those operations or the state of affairs of your business. 			YES	N/A
	- Please advise of any capital commitments which existed at Balance Date.			YES	N/A
	- How many registered LTC patients did your	business have at Balance I	Date?		
	- What are the opening hours of your busines	s?			
	What was the dollar value of any gift vouche year?	ers you had on hand at the e	end of the		