

Account & Audit Quotation Request Form (AA-002)

*Mandatory fields

Applicant Information	
Company Name	In Chinese
	In English
Type	<input type="checkbox"/> Limited Company <input type="checkbox"/> Unlimited Company (Sole Proprietorships / Partnerships) <input type="checkbox"/> Non-profit organization <input type="checkbox"/> Others _____
Service Required	<input type="checkbox"/> Book-Keeping <input type="checkbox"/> Deregistration of HK Limited Company <input type="checkbox"/> BUD <input type="checkbox"/> Auditing (In Operation) <input type="checkbox"/> TVP <input type="checkbox"/> Special Auditing <input type="checkbox"/> Transfer of Shares (In Operation) <input type="checkbox"/> Others _____
Contact Person Information	
Applicant's position	<input type="checkbox"/> Shareholder <input type="checkbox"/> Director <input type="checkbox"/> Company Secretary <input type="checkbox"/> Staff <input type="checkbox"/> Proprietor
Name	
Phone	Email *
Case Detail	
First Time Taxpayer	<input type="checkbox"/> Yes <input type="checkbox"/> No. The date of the latest audited report _____
Business Nature	<input type="checkbox"/> Accounting Service <input type="checkbox"/> Health and social work <input type="checkbox"/> Manufacturing: Consumer Goods, e.g. Furniture, Toys <input type="checkbox"/> Business Service <input type="checkbox"/> Hotels and Restaurants <input type="checkbox"/> Manufacturing: Others _____ <input type="checkbox"/> Construction <input type="checkbox"/> Information Technology <input type="checkbox"/> Transport, Logistics, Storage and communications <input type="checkbox"/> Real estate and Renting <input type="checkbox"/> Marketing <input type="checkbox"/> Other community, social and personal service activities <input type="checkbox"/> Education <input type="checkbox"/> Trading <input type="checkbox"/> Others _____ <input type="checkbox"/> Financial and Insurance <input type="checkbox"/> Wholesale <input type="checkbox"/> Food & Beverage <input type="checkbox"/> Retail
Accounting Period	From ____/____/____ To ____/____/____ Please note: First Time Taxpayer should begin on the incorporation date. Recommended year-end date is on 31 st March or 31 st December.
Total turnover in the above period	<input type="checkbox"/> Dormant/No Revenue <input type="checkbox"/> HK\$2,000,000 – HK\$9,999,999 <input type="checkbox"/> HK\$1 – HK\$499,999 <input type="checkbox"/> HK\$10,000,000 – HK\$49,999,999 <input type="checkbox"/> HK\$500,000 – HK\$999,999 <input type="checkbox"/> HK\$50,000,000 – HK\$99,999,999 <input type="checkbox"/> HK\$1,000,000 – HK\$1,999,999 <input type="checkbox"/> HK\$100,000,000 or above
Total no. of bank transaction(s) (deposit & withdrawal) in the above period	<input type="checkbox"/> No bank account <input type="checkbox"/> 201 – 300 <input type="checkbox"/> 501 – 600 <input type="checkbox"/> 801 – 900 <input type="checkbox"/> < 100 <input type="checkbox"/> 301 – 400 <input type="checkbox"/> 601 – 700 <input type="checkbox"/> 901 – 1000 <input type="checkbox"/> 101 – 200 <input type="checkbox"/> 401 – 500 <input type="checkbox"/> 701 – 800 <input type="checkbox"/> > 1000, please specify _____
Total no. of cash transaction(s) (deposit & withdrawal) in the above period	<input type="checkbox"/> < 100 <input type="checkbox"/> 301 – 400 <input type="checkbox"/> 601 – 700 <input type="checkbox"/> 901 – 1000 <input type="checkbox"/> 101 – 200 <input type="checkbox"/> 401 – 500 <input type="checkbox"/> 701 – 800 <input type="checkbox"/> > 1000, please specify _____ <input type="checkbox"/> 201 – 300 <input type="checkbox"/> 501 – 600 <input type="checkbox"/> 801 – 900
Assets	<input type="checkbox"/> No. of Property _____ <input type="checkbox"/> No. of Vehicle _____
Investment	<input type="checkbox"/> No. of Financial Product _____ <input type="checkbox"/> Investment in Subsidiary or Associate _____
Any loans hold by the company	<input type="checkbox"/> SME Loan <input type="checkbox"/> Mortgage Loan <input type="checkbox"/> Others _____
Document(s) on hand	<input type="checkbox"/> Audited Report and Profits Tax Return in the previous year (if any) <input type="checkbox"/> Annual Return (NAR1) in the previous year <input type="checkbox"/> Bank Statements during this financial period <input type="checkbox"/> Others _____
Remarks (Please provide the name of Accounting/ POS/ Catering Mgt System if any)	