

# AG Computer Accounting Client Intake Form

Please complete the following Client Intake Form in full and return to [support@agca.co.za](mailto:support@agca.co.za) for processing.

## Company Details

Trading Name of Business	
Registered Name of Business	
Nature of Business	
VAT Registration Number	
Company Registration Number	

Postal Address, incl Postal Code	
Physical Address, incl Postal Code	
Telephone Number	
Company Website	

## Contact Information

Details of Director / Member / Partner			
Full Name	Tel Nr	Mobile Nr	Email

Details of Key Contacts			
Full Name			
Contact Numbers	Tel Nr	Mobile Nr	
Contact Email			Department
Full Name			
Contact Numbers	Tel Nr	Mobile Nr	
Contact Email			Department
Full Name			
Contact Numbers	Tel Nr	Mobile Nr	
Contact Email			Department

## Account Information

Name of Bank	
Account Holder	
Account Number	
Invoice Email Address	
Statement Email Address	