

VIVIAN SRAM LIMITED
PRACTICE MERGER CONSULTANTS

QUESTIONNAIRE
ACQUIRER NOT CURRENTLY
IN PRACTICE

FIRM NAME/INDIVIDUAL NAME

LOCATION

DATE

**REF:
Office Use Only**

C.V. – Additional information

In addition to answering the questions on this form please supply a brief C.V.

SECTION I - CONTACT INFORMATION

<i>NAME</i>	
<input type="text"/>	
<i>CORRESPONDENCE ADDRESS</i>	<i>WORK TEL:</i>
<input type="text"/>	<input type="text"/>
	<i>MOBILE TEL:</i>
	<input type="text"/>
	<i>HOME TEL:</i>
	<input type="text"/>
	<i>FAX:</i>
	<input type="text"/>
	<i>E-MAIL:</i>
	<input type="text"/>

SECTION II - PERSONAL INFORMATION

<i>AGE</i>	<input type="text"/>
<i>QUALIFICATIONS</i>	<input type="text"/>
<i>SPECIALISMS</i>	<input type="text"/>
<i>EMPLOYERS – PLEASE SUPPLY A LIST OF CURRENT & PREVIOUS EMPLOYERS, DATES OF EMPLOYMENT AND JOB TITLES</i>	<input type="text"/>
<i>DO YOU HAVE A PRACTISING CERTIFICATE?</i>	<input type="text"/>
<i>DO YOU HAVE P.I. COVER?</i>	<input type="text"/>
<i>HAVE YOU ANY CLAIMS AGAINST YOU (OR EVER HAD)?</i>	<input type="text"/>
<i>YOUR POLICY RE REGISTERED AUDIT STATUS</i>	<input type="text"/>
<i>PLEASE SUPPLY A BRIEF C.V</i>	

SECTION IIb INDIVIDUAL(S) WITH WHOM YOU INTEND TO JOINTLY PURCHASE FEES (IF APPLICABLE)

NAME	<input type="text"/>	AGE	<input type="text"/>
QUALIFICATIONS	<input type="text"/>		
SPECIALISMS	<input type="text"/>		
EMPLOYERS – PLEASE SUPPLY A LIST OF CURRENT & PREVIOUS EMPLOYERS, DATES OF EMPLOYMENT AND JOB TITLES	<input type="text"/>		
DO YOU HAVE A PRACTISING CERTIFICATE?	<input type="text"/>		
DO YOU HAVE P.I. COVER?	<input type="text"/>		
HAVE YOU ANY CLAIMS AGAINST YOU (OR EVER HAD)?	<input type="text"/>		
YOUR POLICY RE REGISTERED AUDIT STATUS	<input type="text"/>		

SECTION III - GENERAL INFORMATION RE YOUR EXISTING BLOCK OF FEES/ PART-TIME PRACTICE – (IF APPLICABLE)

NAME OF PRACTICE	<input type="text"/>
AGE OF PRACTICE	<input type="text"/>
ANY ASSOCIATIONS WITH OTHER FIRMS	<input type="text"/>
DATE OF YEAR END	<input type="text"/>
ARE YOU AUTHORISED FOR INVESTMENT BUSINESS/CATEGORY	<input type="text"/>
IF YOUR TURNOVER IS BELOW THE VAT THRESHOLD ARE YOU REGISTERED FOR VAT?	<input type="text"/>
ARE YOU REGISTERED FOR AUDIT	<input type="text"/>
PROFESSIONAL INDEMNITY INSURANCE(Y/N)	<input type="text"/>
ANY CLAIMS PENDING UNDER ABOVE	<input type="text"/>

SECTION IV – CLIENT INFORMATION (IF APPLICABLE)

TURNOVER

NUMBER OF CLIENTS

AVERAGE FEE *SMALLEST FEE* *LARGEST FEE*

LOCALITY/RADIUS OF OFFICE

DOES THE PRACTICE HAVE A PREPONDERANCE OF ANY PARTICULAR CLIENT TYPE

SECTION V - DAY TO DAY RUNNING (IF APPLICABLE)

WHAT SOFTWARE DOES THE PRACTICE USE FOR:

AUDIT/ACCOUNTS

TAX

OTHER (SPECIFY)

AVERAGE PARTNER CHARGE-OUT RATES

AVERAGE WORK-IN-PROGRESS *AVERAGE DEBTORS*

SECTION VI – ACQUISITION REQUIREMENTS

1. FEES TO BE ACQUIRED

WHICH OF THE FOLLOWING WOULD BE ACCEPTABLE TO YOU?

i) OUTRIGHT PURCHASE – TOTAL PRACTICE

ii) PIECEMEAL PURCHASES

iii) WORKING RELATIONSHIP WITH EXISTING PRINCIPAL UNTIL RETIREMENT

iv) BUY-IN TO EXISTING PRACTICE

2. AMOUNT AND PREFERRED TYPE OF FEES SOUGHT

3. PREFERRED LOCATION OF FEES

4. WOULD YOU LEASE/BUY OFFICES (FROM THE VENDOR)

5. WOULD YOU WISH TO RETAIN ANY STAFF (IF APPLICABLE)

6. FINANCE ARRANGEMENTS – FUNDS AVAILABLE

7. ARE THERE ANY FIRMS OR INDIVIDUALS TO WHOM YOU WOULD NOT WISH TO BE INTRODUCED THROUGH VIVIAN SRAM LIMITED?

