

TRUST QUESTIONNAIRE 2023

NAME: _____

PLEASE COMPLETE THIS QUESTIONNAIRE, SIGN OVER THE PAGE AND RETURN WITH YOUR RECORDS.

INFORMATION WE NEED	
ACCOUNTING RECORDS <ul style="list-style-type: none"> • Access to cloud-based software, or: • Written cashbook – reconciled to bank statements, or: • Computerised records <ul style="list-style-type: none"> ○ Backup at year-end/email file to us ○ Password if necessary: 	
BANK STATEMENTS – That show balances as at 31 March 2023.	Please attach statements
LOAN STATEMENTS	Please attach statements
INTEREST, DIVIDEND AND REBATE CERTIFICATES	Please attach statements
OVERSEAS INCOME	
ACCOUNTS RECEIVABLE – as at 31 March 2023.	Please attach a schedule
ACCOUNTS PAYABLE – as at 31 March 2023.	Please attach a schedule
CAPITAL EXPENDITURE – assets purchased / sold during the year.	Please attach invoices
LEGAL DOCUMENTATION Any Sale & Purchase Agreements or other legal documentation relating to the business in the 2023 financial year.	Please attach the documentation
SPECIFIC INVOICES <ul style="list-style-type: none"> • Legal fees • ACC payments • Insurance premiums 	Please attach invoices
GIFTING – details of gifts made/received during the year	Please attach a schedule
MAJOR TRANSACTIONS – Please provide a list of any major transactions that have occurred during the financial year that affect the Trust.	Please attach a schedule
OTHER INFORMATION – anything you think may be relevant	



ACKNOWLEDGMENT

IRD Authority: I/We give authority to HaglundChilids Limited to act on my behalf for all tax types (except child support) until further notice. This includes obtaining information through all Inland Revenue media and communication channels including electronic ones.

Third Party Authority: I/We give authority to HaglundChilids Limited to contact the Bank and other entities for the purposes of obtaining information necessary to complete the tax returns/Financial Statements. This includes via all channels including electronic means and accept that this Statement document may be used to obtain this information.

Accident Compensation Corporation (ACC) Authority: I/We authorise HaglundChilids Limited to act as my/our agent for ACC levy purposes and for all associated entities. This authorisation allows HaglundChilids Limited to query and change information on my/our ACC levy account(s) through ACC staff, and through MyACC for Business. This authority will also allow the organisations' main representative discretion to delegate access to my/our ACC information to other members of the organisation. Other delegated members of the organisation will also be able to query and change information on my/our ACC levy account(s).

I/We have signing authority and agree to the attached Terms of Engagement and above IRD, Third Party and ACC Authority. The terms recorded in this letter will be effective for this and all future engagements that are similar in nature unless we advise you of any change in our arrangements.

Name

Date

