**Trilogy Accountancy Services Limited**

**Standard Terms of Business**

|  |
| --- |
| Trilogy Accountancy Services Limited Confirmation of Instructions |
| Trilogy Accountancy Services is pleased that you have instructed us to act on your behalf. Our standard terms and conditions are detailed on the following pages for your information. Please read them carefully before returning one copy duly signed accepting our terms of business. Please retain a copy for your records. |
| Client Name: (Full Names) and Address:  |
| Tel:  | Mobile: |
| Email:  | DOB: |
| Unique Tax Reference:  | National Insurance Number:  |
| Note: If the client is a company the full name of the company, the company registration number and registered office address must appear on this form, which must be signed by an authorised signatory. The directors of the company are jointly and severally responsible to meet the terms and conditions of this agreement should the company fail to meet its obligations under this agreement.  |

I/We confirm my/our instructions to Trilogy Accountancy Services Limited as set out above

And accept the terms and conditions of business attached hereto.

Name: .................................................................................

Signed: ……………………………. Date: …………………………….