

PRACTICE ACQUISITION QUESTIONNAIRE

Please tick where necessary

Personal Information

Your Name _____

Position in Firm _____

Your Qualification _____

Address of Practice (if not in practice please give your home address) _____

_____ Postcode _____

Tel No _____ Mobile No _____

Fax No _____ Email _____

If you are NOT YET in practice but employed please complete this section ONLY.
If you ARE CURRENTLY in practice please skip this section

Qualification details _____

Position with current employer _____

Employment history over past 3 years

When you would like to make a purchase? _____

Level of fees you seek to acquire _____

Any other relevant information:

Details of your practice

Practice Name _____

Type of Practice

- Sole Practitioner
 Partnership
 Limited Company
 LLP

Regulator of Practice

- Chartered
 Certified
 Other (Please specify) _____

Type of Service

- General
 Audit
 Insolvency
 Expert Witness
 Financial services
 Tax specialist
 Payroll
 Other (Please specify) _____

General Client Profiles

- Sole Traders
 Partnerships
 Trusts
 Individual
 Limited Companies
 Charities / Not for Profit
 Other (Please specify) _____

Practice Information:

Annual Turnover £ _____	Partner Charge out rate _____ per hour
Estimated Gross Payroll Cost £ _____	
How many Partners are there in your practice (including yourself)? _____	How many does your practice have of Other fee earners? _____
Their age range _____	Administration staff? _____
	Clients? _____

How long has your practice been established? _____

Within how many miles of your practice are your client's premises?

10

25

50

Over 50

How was your practice established?

Established myself

Grown through Acquisition

Inherited or replaced retiring partner

Grown through Merger

If through acquisition, how many purchases have you made to present date? _____

What accounts software does your practice use?

Any other relevant information

Details of your requirements

What type of practice are you looking to acquire? _____

Do you prefer to integrate fees acquired into your existing practice?

Yes No Not Sure

What is your maximum fee income you are looking to purchase? £ _____

What is the preferable distance from your current practice?

10 miles 25 miles 50 miles Any

Do you wish to purchase whole practices, a block of fees. Are you considering a merger or will you consider other options?

Whole Practice Block of Fees Merger Consider Options

Will you wish to retain staff working in acquired practice?

Yes No Not Sure

Do you have office space to accommodate the acquisition?

Yes No

Do you have enough staff to accommodate the acquisition?

Yes No

Please briefly state any other parameters you have:

Fees & Charges

There are no fees or charges to register as a buyer. Upon completion of a deal our fee, agreed in writing prior to any introduction, will fall due. Any bespoke marketing or consulting we carry out for you will be agreed in writing prior to commencement of the brief.

Our Promise

We guarantee that we will be there for you at every stage, from the initial contact right through to completion. Maximiti's philosophy of putting the customer first is integral to our modus operandi, ensuring that you will receive a personal and professional service at all times regardless of the size of your practice.

Finally, may we ask you to read and sign the letter of confidentiality which you will find enclosed.

Thank you for taking the time to fill out this questionnaire. Please return it to us at your convenience.

We look forward to working with you and achieving beneficial outcomes for all parties involved.