

CAPITAL Bookkeeping Ltd

P O Box 38 095

Christchurch 8842

Phone: (03) 3887 997 Cell: 021 1383 013

Email: martin@capitalbookkeeping.co.nz

LETTER OF ENGAGEMENT

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I/we appoint Capital Bookkeeping Ltd to act as my accountant and business advisor.

I/we understand and agree that:

- You will prepare financial reports for my purposes only and file tax returns for entities as advised.
- I/we have carefully reviewed your terms of trade on your website and accept these. Any changes to those terms will be updated on your website.
- I/we will provide all necessary information required to carry out these services in a timely manner, and we will be responsible for the completeness and accuracy of this information.
- Your services do not include forming an opinion on our financial statements .
- I/we will be responsible for all tax payments, penalties and interest owing to the Inland Revenue Department.
- You have not been engaged to detect fraud or error or audit the financial statements and this will be disclosed in my accounts.
- I/we will not disclose financial information to 3rd parties without attaching your disclaimer, nor will I/we represent that the financial information is audited.
- Your fees will be a fair reflection of the value of professional service performed for us. Where a fee has been agreed this will not change without notice.
- Your payment is due the 20th of the month following invoice. You may charge interest (at 2% per month), all legal and collection costs, plus time expended at our normal rates, if these terms are not followed.
- You will arrange for any tax refunds of ours to go directly to us.
- You have full authority to contact any individual, company or agency to obtain information to complete your services.
- You have our authority to act as our tax agent with the Inland Revenue Department. Specifically CAPITAL Bookkeeping Ltd can request information relating to my/our taxation affairs and discuss tax matters with the Department (as detailed in the following page).

Yours faithfully

_____ Date: _____

CONTACT DETAILS

Address			
Telephone	Work	Home	Mobile
Fax	E-mail		