



Application to become a franchise



**lawrence
grant**

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CONTACT INFORMATION

Firm name

Contact name

Correspondence address

Contact position

Work tel

Mobile

Website

Email



GENERAL INFORMATION

Age of practice

Are you authorised for investment business/
category?

Yes No

Number of partners

If your turnover is below the VAT threshold are
you registered for VAT?

Yes No

Regulated by:

ICAEW ACCA

Amount of professional indemnity insurance?

Details of associations

Any claims pending under the above

Yes No

Date of year end

Date of last QAD visit

Are you registered for an audit?

Yes No

Result of last QAD visit

Type of entry

Sole trader Limited Company

Partnership LLP



CLIENT INFORMATION

Turnover

£

Average fee

£

Profit

£

Smallest fee

£

Number of clients

Largest fee

£

Locality / radius of office

Does the practice have a preponderance of any particular client type

Yes

No



OFFICE DETAILS

Locations

Our offices are:

Leased

Owned

If owned, details of ownership

--

If leased:

How long is the lease/any break clause

--

What is the total cost P/A

£

--

How many more staff could you accommodate

--

How many square feet

--

5

DAY TO DAY RUNNING

What software is used for audit / accounts

Average partner charge-out rates

£

What software is used for tax

Average work in progress

What other software is used (please specify)

Average debtors

6

PARTNERS/DIRECTORS

Name

Specialisms

Age

Equity share

Qualifications

Profit share (if different)

Number of years in the firm

Name

Specialisms

Age

Equity share

Qualifications

Profit share (if different)

Number of years in the firm

Name

Specialisms

Age

Equity share

Qualifications

Profit share (if different)

Number of years in the firm

Name

Specialisms

Age

Equity share

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Profit share (if different)

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Name

Specialisms

Age

Equity share

Qualifications

Profit share (if different)

Number of years in the firm

8a ANALYSIS OF FEES BY WORK TYPE

Total No.	Recurring work	£
	Limited Companies (full audit)	
	Limited Companies (no audit)	
	Partnerships / Sole Traders	
	Tax Cases	
	Other (specify)	
Recurring work total		
Total No.	Non Recurring work	£
	Consultancy	
	Other (specify)	
Non Recurring work total		
TOTAL FEES ACTUAL / BUDGET		

8b ANALYSIS OF FEES BY AMOUNT

Total No.	Value	£
	£0 - 250	
	£251 - 500	
	£501 - 1,000	
	£1,001 - 2,500	
	£2,501 - 5,000	
	£5,001 - 10,000	
	> £10,001	
TOTAL FEES ACTUAL / BUDGET		

9 MERGER CRITERIA

Do you have any specialisms that you would like to emphasise?

10 MISCELLANEOUS

Are you currently in negotiation with any firm(s) or individuals? If so, whom?

Any additional relevant information

I can confirm the information provided is correct and accurate and I have the consent of my partners to submit this application on behalf of my firm.

Name	<input type="text"/>	Position	<input type="text"/>
Signed	<input type="text"/>	Date	<input type="text"/>

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