



APPOINTMENT AS TAX CONSULTANTS TO:

Name: _____

Identity Number: _____ Tax Number: _____

SIR / MADAM

We hereby wish to confirm our appointment by you, as tax consultants and financial advisors. The terms and conditions of our appointment are mentioned below:

1. TAXATION SERVICES

- Complete annual personal tax return - IT 12 on receipt of all related accurate information for the relevant tax year.
- Advise and implement suitable income tax structuring in order to maximize tax savings.
- Complete and submit all provisional tax returns due during the tax year.

The Scope of our Accounting Duties is as follows:

We will be required to produce and complete the documents listed below as well as maintain the books of account for the above individual on an on-going basis. However it must be noted that in order for us to maintain these records, said individual must ensure that the required documentation reaches us timeously. Whilst we may examine the accounting records and conduct certain enquiries in relation to the books of account, we cannot be held responsible for certain acts or omission on the part of the individual. It should be noted that certain acts, whether of commission or omission, may result in the personal liability for the debts of the individual.

2. FINANCIAL PLANNING SERVICES

- Analyze current insurance portfolio and advise accordingly - Insurance
- Provide asset management advice - Investments
- Draft current will and update on an annual basis - Estate Planning
- Ongoing financial advice

3. YOUR RESPONSIBILITIES: INFORMATION AND DOCUMENTS

You are legally responsible for submitting correct returns by the due date and making timeous payment of tax due. Failure to meet these deadlines may result in automatic penalties and/or interest.

To enable us to carry out our work you agree:

- that all returns are to be made on the basis of full disclosure of all sources of income, expenses, allowances and capital transactions;
- to provide full information necessary for dealing with the your affairs: we will rely on the information and documents being true, correct and complete and will not audit the information or those documents;
- to provide us with information in sufficient time for the tax return to be completed and submitted in order to meet with SARS deadlines, you agree to provide us with all relevant information by timeously;
- to forward to us on receipt copies of all SARS statements of account, notices of assessment, letters and other communications received from SARS to enable us to deal with them as deemed necessary within the statutory time limits; and
- to keep us informed about significant transactions or changes in circumstances if this is likely to affect your tax position.

Cape Town

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Email: infoct@millenium.co.za

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P.O. Box 176, Plumstead 7801

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237 Kimberley Road, Evans Park, 2091

P.O. Box 979, Crown Mines, 2025

Durban

Tel: 031 940 4525

Email: infodbn@millenium.co.za

Sec. 6, Block 4, Kingfisher Office Park.

Mount Edgecombe, Durban, 4300



4. FEE STRUCTURE

• Total Monthly Fee	=
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• Effective Date	--
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The above fee is payable monthly in advance and any work performed over and above that which is mentioned above will be charged for separately. The above fees will be billed in advance from the effective date. The above agreement will escalate at 10% per annum at fixed rate. Either party may cancel this agreement by issuing a 30 day calendar months notice to the other party by registered mail.

Any work undertaken prior to the effective date, in order to get the books of account up to date, will be charged for separately.

Please note that we undertake to provide excellent service to you our client as well as to provide understanding and assistance in all financial matters. However, we will not be responsible for any losses, penalties, interest or additional tax liabilities arising from the supply by you or others of incorrect or incomplete information, or from the failure by you or others to supply any appropriate information or your failure to act on our advice or respond promptly to communications from us or SARS.

Yours faithfully

For Millenium Management Consulting

**ACCEPTANCE OF AGREEMENT TO ACT AS –
TAX CONSULTANTS and FINANCIAL ADVISORS**

I, _____ here by accept the terms and conditions of the above agreement and confirm I have the necessary capacity to enter into this contract.
(Full Name and I.D. Number)

Signature: _____ Date: _____

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Client Details

Mr / Miss / Mrs / Ms / Dr / Prof / Rev / Other: _____

First Names: _____ Surname: _____

Identity Number: _____ Date of Birth: _____

Type of Marriage Contract: _____ Date of Marriage: _____

Current Residential Address: _____

Years spent at current address: _____ Years spent at previous address: _____

Previous Residential Address: _____

Current Postal Address: _____

Home Telephone Number: _____ Work Telephone Number: _____

Cellular Telephone No: _____ Fax Number: _____

E-Mail address: _____

Last School Attended: _____ Year Matriculated: _____

Tertiary Qualifications: _____

Name of Institution: _____ Year Obtained: _____

Previous Employer: _____

Period Employed: _____ Position: _____

Previous Employer: _____

Period Employed: _____ Position: _____

Previous Employer: _____

Period Employed: _____ Position: _____

Current Employer: _____

Period Employed: _____ Position: _____

Employers Contact Details: _____ Annual Income: _____

Do you Smoke: _____ If so, How many a day: _____ Do you Drink: _____ If so How many a day: _____

Do you participate in any hazardous activity / sport and if so which type: _____

Do you currently have a medical aid: _____ If so, which company: _____

Number of Members on Medical Aid (Adults and Children – including yourself): _____

Value of Medical Expenses not covered: _____ Value of Physical Impairment Exp. not covered: _____

Are you or any of the other Medical Aid Members a person with a disability? _____

Value of Disability Expenses not covered by the Medical Aid: _____

Spouse's Name & Surname: _____

Identity Number: _____ Date of Birth: _____

Current Employer: _____

Period Employed: _____ Position: _____

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Employers Contact Details: _____ Annual Income: _____

Child's Name: _____ Date of Birth: _____

Child's Name: _____ Date of Birth: _____

Child's Name: _____ Date of Birth: _____

Child's Name: _____ Date of Birth: _____

Child's Name: _____ Date of Birth: _____

Name of Bank: _____ Branch Name: _____

Account Number: _____ Branch Code: _____

Name of Account Holder: _____ Account Type: _____

Do you have a Will: _____ Executors Name: _____

Children's Guardian: _____

Do you have a Retirement Annuity Plan in place? _____ If so, with who? _____

Do you use a logbook to determine your business km travelled? _____

Vehicle Registration Number: _____ Vehicle Make: _____

Vehicle Model: _____ Year Manufactured: _____

Mileage: _____ Cost Price or Cash Value: _____

In the event of your death, what income will your family require per month? _____

In the event of your spouse's death, what income will your family require? _____

In the event of your disablement, what income would you require? _____

Should you retire today, what monthly income do you require? _____

Should there be any shortfalls in your portfolio what amount are you willing to invest in order to compensate for these shortfalls? _____

What future financial goals do you have?

- Three Year - _____
- Five Year - _____
- Ten Year - _____

Notes:



Personal Assets & Liabilities

Assets

Fixed Property:

a)..... R _____

b)..... R _____

Cash Investments:

a)..... R _____

b)..... R _____

Equity Investments:

a)..... R _____

b)..... R _____

Debtors:

a)..... R _____

b)..... R _____

Motor Vehicles:

a)..... R _____

b)..... R _____

c)..... R _____

d)..... R _____

Furniture & Household Effects: R _____

Business Interests: a)..... R _____

b)..... R _____

c)..... R _____

d)..... R _____

Other: a) Insurance Policies..... R _____

b)..... R _____

c)..... R _____

d)..... R _____

e)..... R _____

Total Asset Value:..... R _____

Cape Town

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Email: infoct@millenium.co.za

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Mount Edgecombe, Durban, 4300



Liabilities

Bond Accounts:

a)..... R _____

b)..... R _____

Bank Overdrafts:

a)..... R _____

b)..... R _____

Lease Agreements:

a)..... R _____

b)..... R _____

Creditors:

a)..... R _____

b)..... R _____

Hire Purchase:

a)..... R _____

b)..... R _____

c)..... R _____

d)..... R _____

Retail Store Accounts: R _____

Credit Card Accounts:

a)..... R _____

b)..... R _____

c)..... R _____

d)..... R _____

Other:

a)..... R _____

b)..... R _____

S.A. Revenue Services..... R _____

Total Liability Value:..... R _____

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Personal Income & Expenses

INCOME

Basic Salary:..... R _____

Commission Income:..... R _____

Car Allowance:..... R _____

Other Allowances:..... R _____

Rental Income:..... R _____

Dividend Income:..... R _____

Interest Income:..... R _____

Pension / Disability / Annuity Income:..... R _____

Total Income:.....	R _____
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EXPENSES

Bond Repayment: a)..... R _____

b)..... R _____

Vehicle Repayments: a)..... R _____

b)..... R _____

Electricity, Rates, Water & Utility Account: R _____

Life Insurance Policies:..... R _____

Medical Aid Premiums:..... R _____

Unit Trusts / Endowment / Savings Accounts:..... R _____

Personal Residential Expenses:..... R _____

Short-Term Insurance Premiums:..... R _____

Retail Account Payments:..... R _____

Other: a)..... R _____

b)..... R _____

Total Expenses:.....	R _____
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BANK DEBIT ORDER INSTRUCTION

MMC TAX SERVICES Reg. No: 2003/041678/23

Name _____ Date _____
Address _____ Contact Number _____
Debit Amount _____
Commencing _____

Abbreviated name as MILLENIUM registered with the bank: _____

Dear Sir/Madam
The details of my/our account are as follows:

Bank _____ Account Name _____
Branch _____ Account Number _____
Branch Number _____ Account Type _____

This signed Authority and Mandate refers to our contract as dated as on signature hereof ("the Agreement"). I/We hereby authorise you to issue and deliver payment instructions to the bank for collection against my/our abovementioned account at my/our above mentioned bank (or any other bank or branch to which I/We may transfer my/our account) on condition that the sum of such payment instructions will never exceed my/our obligations as agreed to in the Agreement , and commencing on the commencement date and continuing until this Authority and Mandate is terminated by me I us by giving you notice in writing of no less than 20 ordinary working days, and sent by prepaid registered post or delivered to your address indicated above.

The individual payment instructions so authorised to be issued must be issued and delivered as follows:

- i. On the _____ day ("payment day") of each and every month commencing on _____. In the event that the payment day falls on a Saturday, Sunday or recognized South African public holiday, the payment day will automatically be the very next ordinary business day. Further, if there are insufficient funds in the nominated account to meet the obligation, you are entitled to track my account and re-present the instruction for payment as soon as sufficient funds are available in my account;
ii. Monthly: on or after the dates when the obligation in terms of the Agreement is due and the amount of each individual payment instruction may not be more or less than the obligation due;
iii. Bi-monthly: on or after the dates when the obligation in terms of the Agreement is due and the amount of each individual payment instruction may not be more or less than the obligation due;
iv. Weekly: on or after the dates when the obligation in terms of the Agreement is due and the amount of each individual payment instruction may not be more or less than the obligation due;

I/We understand that the withdrawals hereby authorised will be processed through a computerized system provided by the South African Banks and I/we also understand that details of each withdrawal will be printed on my bank statement. Each transaction will contain a number, which must be included in the said payment instruction and if provided to you should enable you to identify the Agreement. A payment reference is added to this form before the issuing of any payment instruction.

I/We shall not be entitled to any refund of amounts which you have withdrawn while this authority was in force, if such amounts were legally owing to you.

MANDATE

I/We acknowledge that all payment instructions issued by you shall be treated by my/our above mentioned bank as if the instructions had been issued by me/us personally.

CANCELLATION

I/We agree that although this Authority and Mandate may be cancelled by me/us, such cancellation will not cancel the Agreement. I/We shall not be entitled to any refund of amounts which you have withdrawn while this authority was in force, if such amounts were legally owing to you. I/We understand that Millenium Management Consulting CC may terminate our engagement and cease all services if payment of any fees invoiced are unduly delayed.

ASSIGNMENT

I/We acknowledge that this Authority may be ceded to or assigned to a third party if the agreement is also ceded or assigned to that third party, but in the absence of such assignment of the Agreement, this Authority and Mandate cannot be assigned to any third party.

Signed at _____ on this _____ day of _____ 20_____.

(SIGNATURE AS USED FOR SIGNING CHEQUES)

Assisted by: _____

FOR OFFICE USE - AGREEMENT REFERENCE NUMBER: _____

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S.A.R.S. - General Power of Attorney



To Whom It May Concern:

I, the undersigned _____ in my capacity as *:(Please circle applicable)*
(Full Name)

Taxpayer / Vendor / Representative Taxpayer / Employer / (Other) _____ with

I.D. Number : _____

Income Tax Reference number : _____

VAT Reference number : _____ *(if applicable)*

hereby nominate and appoint _____ of **Millenium Management Consulting** to be my representative with FULL power and authority to act on my behalf in respect to my tax affairs, and in my name and on my behalf to make any enquiries or to complete or sign the necessary returns or other documents regarding my tax affairs. This includes submissions of returns done on e-filing.

This power of attorney does not apply to:

The lodging of any objection by me against any assessment, appeal to the Tax Board or Court or participation in the alternative dispute resolution in terms of the rules applicable to the dispute resolution process, which process requires a separate power of attorney contemplated in rule 4(d)(ii) of the rules issued in terms of section 107A of the Income Tax Act of 1962.

Signed at _____ on this _____ day of _____ 20 ____.

(Signature)

AS WITNESSES:

1. _____ [Full Name: _____]

2. _____ [Full Name: _____]

S.A.R.S. - Special Power of Attorney



To Whom It May Concern:

I, the undersigned _____ in my capacity as : (Please circle applicable)
(Full Name)

Taxpayer / Vendor / Representative Taxpayer / Employer / (Other) _____ with

I.D. Number : _____

Income Tax Reference number : _____

VAT Reference number : _____ *(if applicable)*

hereby nominate and appoint _____ of **Millenium Management Consulting** to be my representative with FULL power and authority to act on my behalf in respect of the following:

1. To apply for registration and obtain a taxpayer reference number in respect of the above mentioned tax(es)
2. To communicate to SARS any change of registered particulars, excluding bank account details
3. To request and/or follow up on the issuing of tax clearance certificates
4. To complete and/or submit returns to SARS
5. To communicate with SARS and to submit relevant material to SARS
6. To resolve account(s) or compliance related issues in respect of any forthcoming tax period(s)
7. To lodge and pursue an objection against an assessment raised or decision made by SARS
8. To file and pursue an appeal against an assessment raised or decision made by SARS
9. To apply for deregistration in respect of the abovementioned tax(es)

I confirm, for the purpose of absolute clarity that anything done by **Millenium Management Consulting** shall be regarded, for all intents and purposes, as having been done by myself and I undertake to ratify any actions taken in terms of this Special Power of Attorney.

Signed at _____ on this _____ day of _____ 20_____.

(Signature)

AS WITNESSES:

1. _____ [Full Name: _____]

2. _____ [Full Name: _____]



CLIENT CONSENT TO OBTAIN INFORMATION

I, _____, in my personal capacity
(Full Name and I.D. Number),

Acknowledge the following:

1. sound and proper financial advice can only be provided with full disclosure of relevant information
2. relating to appropriate personal, including private, information for the purposes of determining and
3. advising on my/our financial situation and financial product experience and objectives, in the process of acquiring, servicing or maintaining any financial products, including but not limited to any information relating to or interest in any long-term insurance, unit trust or any other financial products or services, with any long-term insurer, unit trust manager or other financial institution;
4. My/our interests shall be best served if that information is made available to authorised financial service providers with a legitimate interest in receiving such information for those purposes.

I/we accordingly confirm, for the purposes of providing the said sound and proper financial advice to me/us, that full permission and authority is granted to:

Mr. Zunaid Kassim Goga [Name of Authorised User] of

Millenium Management Consulting [Name of Intermediary],

to obtain any and all such information via The Financial Services Exchange (Pty) Ltd, trading as Astute, or any of the following institutions providing a mechanism for the transmission of such information:

1. Cipro Check
2. Credit Check
3. Deeds Office Check
4. Vehicle Check
5. Astute Check

I/we herewith give consent for the long-term insurer, unit trust manager or other financial institution possessing such information to release such information to the said Authorised User via Astute, and

I/we confirm that such Authorised User shall be acting on my/our behalf or in my/our interest and I/we waive any right to privacy only for the purposes as stated above.

I/we further acknowledge that this consent to obtain information on my behalf will remain effective until cancelled by me/us in writing.

Signed at _____ on this _____ day of _____ 20_____.

(Signature)

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Client Document Checklist

1. Copy of Member's Identity Document
2. Personal Income Tax Registration Certificate
3. Copy of Latest Tax Return Submitted
4. Copy of Latest Financial Statements
5. Copy of Member's Drivers License
6. Proof of Members Residence
7. Copy of Latest Personal Tax Assessment
8. Original Bank Statement since Inception
9. Original Return Paid Cheques Returned by Bank
10. All Invoice Books
11. All Cash Books, Wages & other books of entry

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Millenium Take – on Checklist

<u>Description</u>	<u>Completed By</u>	<u>Date</u>
Sales Representative		
Consultant / Accountant		
Monthly Fee Approved (Signed)		
SARS Check – Outstanding Returns		
Deed Search Check		
Credit Check		
Cipro Check		
Astute Check		
Client Loaded On Sage One		
Quote Signed Off		
Client Invoiced		
Recurring Invoice Captured		
Debit Order Loaded		
Client Loaded On SmartPractice		
Client Loaded On SMS Portal		
Client Loaded On E-filing		
Documents uploaded to Cloud Filing		
SARS Maintenance Done		
SARS Returns Submitted		

Services

Income Tax	<input type="checkbox"/>
Provisional Taxes	<input type="checkbox"/>
Data Processing	<input type="checkbox"/>
VAT	<input type="checkbox"/>
EMP201	<input type="checkbox"/>
EMP501	<input type="checkbox"/>
UI7	<input type="checkbox"/>
Payroll	<input type="checkbox"/>
Workman's Compensation	<input type="checkbox"/>
Annual Returns	<input type="checkbox"/>
B-BBEE Certification	<input type="checkbox"/>
Tax Clearance Certification	<input type="checkbox"/>
Annual Financial Statements	<input type="checkbox"/>
Audit	<input type="checkbox"/>
Independent Review	<input type="checkbox"/>
Secretarial	<input type="checkbox"/>

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