

APPOINTMENT AS ACCOUNTANTS TO:

SIR / MADAM

We hereby wish to confirm our appointment as accountants and financial advisors to the above business and its owners / members / directors. The terms and conditions of our appointment are mentioned below:

1. ACCOUNTING SERVICES

In accordance with South African regulation all businesses are required to register with the following authorities where applicable:

- South African Revenue Services - Income Tax (I.T.)
- South African Revenue Services - Value Added Tax (V.A.T.)
- South African Revenue Services - Pay As You Earn Tax (P.A.Y.E.)
- South African Revenue Services - Unemployment Insurance Fund (U.I.F.)
- South African Revenue Services - Skills Development Levy (S.D.L.)
- Department Of Labour - Workmen's Compensation Fund (C.O.I.DA.)
- Industrial Council / M.I.C.F.A. / M.I.B.C.O. / Bargaining Councils

We will affect registration with the relevant authorities as mentioned above on your behalf provided information requested by us from yourselves, is presented to us.

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 enterprise on an on-going basis. However it must be noted that in order for us to maintain these records the owners / members / directors of the enterprise 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 members. It should be noted that certain acts, whether of commission or omission, may result in the personal liability of members for the debts of the enterprise.

- Annual Financial Statements - Annually
- Income Tax Returns : IT 14 - Annually
- Management Accounts - On Request
- Value Added Tax Returns - Two Monthly
- Pay As You Earn Tax Returns - Monthly / Annually
- Provisional Tax Returns - Bi Annually
- Skills Development Levy Returns - Monthly
- Unemployment Insurance Fund Returns - Monthly
- Workmen's Compensation Fund Returns - Annually
- Industrial Council / Bargaining Councils - Monthly
- CIPC Annual Returns - Annually (Not included in Monthly Fee)

Cape Town

Johannesburg

Durban

We will advise as to possible claims arising from the tax return and from information supplied by you. Where instructed by you, we will make such claims in the form and manner required by SARS.

We will deal with all communications relating to the company's tax return which may need to be addressed to us by SARS or yourself. However, if SARS choose your return for enquiry, this work may need to be the subject of a separate assignment, in which case, we will require further instruction from yourself.

We will prepare the tax provisions and disclosures to be included in the company's statutory accounts.

Your Responsibilities: Information and Documentation

The company is legally responsible for submitting correct returns by the due date and making timeous payment of tax due. Failure to meet the 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 company's 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 company's tax return to be completed and submitted in order to meet with whichever deadline applicable, you agree to provide us with all relevant information;
- 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 the company's tax position.

2. TAXATION SERVICES

In addition to the above we will provide tax consulting services in order to maximize legal tax allowances allowed by the South African Revenue Services. The advice which we give to you is for your sole use only and does not constitute advice to any third parties.

3. FINANCIAL PLANNING SERVICES

Financial Planning for business entails various mechanisms employed by owners / members / directors to ensure the sustainability of the enterprise in all market conditions. We will provide the professional services outlined in this letter with reasonable care and skill.

Our advice will be based on interpretation of the law and experience with SARS. Therefore, the conclusions reached and views expressed will often be matters of opinion rather than of certainty and we cannot warrant that SARS will necessarily reach the same conclusions.

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.



4. FEE STRUCTURE

• Total Monthly Fee =

• Effective Date --

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 are here in order to provide excellent service to you, our client, as well as to provide understanding and assistance in all business matters.

Yours faithfully

For Millenium Management Consulting

ACCEPTANCE OF AGREEMENT TO ACT AS ACCOUNTANTS

I, _____

Of _____

Registration Number: _____

Here by accept the terms and conditions of the above agreement and confirm I have the necessary capacity to enter into this contract for the above enterprise.

Signature: _____

Name: _____

Date: _____

Cape Town

Johannesburg

Durban



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: _____

Cape Town

Tel: 021 712 5580
Email: infoct@millenium.co.za
Shop 5 Zhaun's Corner, 1 Albert Road, Lansdowne, Cape Town 7779
P.O. Box 176, Plumstead 7801

Johannesburg

Tel: 011 835 0001 / 011 496 7000
Email: infojh@millenium.co.za
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

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



To Whom It May Concern:

I, the undersigned _____ in my capacity as : *(Please circle applicable)*
(Name and I.D. Number)

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

_____ with:
(Company Name)

Registration Number : _____

Income Tax Reference number : _____

VAT Reference number : _____

PAYE Reference number : _____

hereby nominate and appoint **Zunaid Kassim Goga** 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: _____]



CLIENT CONSENT TO OBTAIN INFORMATION

I, _____, in my personal
(Full Name and I.D. Number),
capacity or, where applicable, in a representative capacity for and on behalf of

(Company Name)

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)

Cape Town

Johannesburg

Durban



Business History

Name of Business: _____

Trade Name: _____

Date Registered: _____ Date Opened: _____

Company Registration Number: _____ Income Tax Registration Number: _____

Value Added Tax Registration Number: _____ PAYE Registration Number: _____

SDL Registration Number: _____ UIF Number: _____

Customs Registration Number: _____ Workmen's Comp. Reference: _____

Customs Code: _____ Customs Type: _____

Physical Address: _____

Postal Address: _____

Telephone Number: _____ Fax Number: _____

Cellular Number: _____ E-Mail: _____

Last Annual Financial Completed: _____ Last Tax Return Submitted: _____

Current Banking Details: _____ Date Account Opened: _____

Previous Account Details: _____ Date Account Opened: _____

Description of Principal Activity: _____

Description of Ancillary Activity: _____

Annual Turnover: _____ Salary & Wages per month: _____

Main Supplier: _____ Main Customer: _____

Have member's ceded any loans to a supplier / bank / other institution? _____

Has the enterprise any contingent liability? _____

Gross Profit / Mark up Percentage: _____ Importer / Exporter: _____

Members / Director's Details:

1) _____
(Full Name and I.D. Number)

2) _____
(Full Name and I.D. Number)

3) _____
(Full Name and I.D. Number)

4) _____
(Full Name and I.D. Number)

5) _____
(Full Name and I.D. Number)

Cape Town

Johannesburg

Durban



Business Assets & Liabilities

Assets

Cash Investments:

a)..... R _____
b)..... R _____

Fixed Property:

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 _____

Plant & Machinery:..... R _____

Furniture & Equipment:

a)..... R _____
b)..... R _____

Other: a) Insurance Policies.....

b)..... R _____
c)..... R _____
d)..... R _____
e)..... R _____
f)..... R _____
h)..... R _____
i)..... R _____
j)..... R _____
k)..... R _____
l)..... R _____
m)..... R _____
n)..... R _____
o)..... R _____
p)..... R _____
q)..... R _____
r)..... R _____
s)..... R _____
t)..... R _____
u)..... R _____
v)..... R _____
w)..... R _____

Total Asset Value:..... R _____



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 _____

Credit Card Accounts:

R _____

Supplier Accounts:

a)..... R _____
b)..... R _____
c)..... R _____
d)..... R _____

Other:

a)..... R _____
b)..... R _____
c)..... R _____
d)..... R _____
e)..... R _____
f)..... R _____
g)..... R _____
h)..... R _____
i)..... R _____
j)..... R _____
k)..... R _____
l)..... R _____
m)..... R _____
n)..... R _____
o)..... R _____
p)..... R _____
q)..... R _____
r)..... R _____

S.A. Revenue Services.....

R _____

Total Liability Value:..... R _____

Cape Town

Johannesburg

Durban



Business Income & Expenses

INCOME

Turnover per month:..... R _____
 Gross Profit Percentage: _____ % Gross Profit per Month..... R _____
 Other Income:..... R _____
 Rental Income:..... R _____
 Interest Income:..... R _____

Total Income:.....	R _____
---------------------------	----------------

EXPENSES

Rent Payable:..... R _____
 Vehicle Repayments:
 a)..... R _____
 b)..... R _____
 c)..... R _____
 Electricity, Rates, Water & Utility Account:..... R _____
 Salaries & Wages:..... R _____
 Telephone:..... R _____
 Loans / Overdraft Payments:..... R _____
 Drawings / Members Salary:..... R _____

Short-Term Insurance Premiums:..... R _____
 Supplier Account Payments:..... R _____

Other:

a)..... R _____
 b)..... R _____
 c)..... R _____
 d)..... R _____
 e)..... R _____
 f)..... R _____
 h)..... R _____
 i)..... R _____
 j)..... R _____
 k)..... R _____
 l)..... R _____
 m)..... R _____
 n)..... R _____
 o)..... R _____
 p)..... R _____
 q)..... R _____
 r)..... R _____
 s)..... R _____
 t)..... R _____
 u)..... R _____
 v)..... R _____
 w)..... R _____
 x)..... R _____
 y)..... R _____
 z)..... R _____

Total Expenses:.....	R _____
-----------------------------	----------------

Cape Town

Johannesburg

Durban



Payroll Information

Name of Business: _____

Trade Name: _____

Date Registered: _____ Date of first Payroll: _____

Company Registration Number: _____ Income Tax Registration Number: _____

Value Added Tax Registration Number: _____ PAYE Registration Number: _____

SDL Registration Number: _____ UIF Number: _____

Trade Classification: _____

SARS Industry Category: _____ SARS SIC Code: _____

Physical Address: _____

Postal Address: _____

Employer Contact Details

Employer Full Name: _____

Telephone Number (w): _____ Telephone Number (h): _____

Cellular Number: _____ Fax Number: _____

Email Address: _____

Email Address for payslips to be sent to: _____

Name of Bank: _____ Branch Name: _____

Account Number: _____ Branch Code: _____

Name of Account Holder: _____ Account Type: _____

Nature of Business: _____

Pay Groups

How often are the employees paid:

Weekly		Fortnightly		Monthly	
--------	--	-------------	--	---------	--

What date are Wages/Salaries paid on:

Weekly		Fortnightly		Monthly	
--------	--	-------------	--	---------	--

Additional Deductions (Specify with account details and references):

Cape Town

Johannesburg

Durban



Please specify the shift times of the company:

Weekly		Fortnightly		Monthly	
--------	--	-------------	--	---------	--

How many annual leave days do the employees receive: _____

Please list all job profiles that exist within the company:

Please provide all work schedule details:

Does the company belong to an Industrial Council? If yes, please provide Name and Levy Number:

Would you like us to register the employees for the following:

Unemployment Insurance Fund (UIF)
Workman’s Compensation Fund (Coida)

Yes	No
Yes	No

VAT Information

Nature of Business (in detail): _____

Number of Members/ Directors: _____ Number of Employees: _____

Members / Director’s Details:

- 1) _____
(Full Name and I.D. Number)
- 2) _____
(Full Name and I.D. Number)
- 3) _____
(Full Name and I.D. Number)
- 4) _____
(Full Name and I.D. Number)
- 5) _____
(Full Name and I.D. Number)

Select which is not applicable

VAT Periods
Import / Export Client
Property Trading Company
Customer / Supplier Account
Suppliers paid with ATM Cash Withdrawals
VAT Method

	Invoice	Payments Based
Odd	Even	Monthly
	Yes	No
	Yes	No
	Yes	No
	Yes	No
Receipt	Payment	Invoice

Cape Town

Johannesburg

Durban



Client Document Checklist

1. Company / Close Corporation Registration Document
2. Letter of Authority / Trust Deed Documents
3. Income Tax Registration Certificate
4. V.A.T. Registration Certificate
5. P.A.Y.E. / S.D.L. / U.I.F. Certificate
6. W.C.A. Registration Certificate
7. Copy of Member's Identity Documents
8. Copy of Member's Drivers License
9. Proof of Members Residences
10. List of Total Employees and Designations
11. Copy of Employees' Identity Documents
12. Copy of Latest Financial Statements
13. Copy of Latest Tax Return Submitted
14. Copy of Latest Company Tax Assessment
15. Original Bank Statement since Inception
16. Original Invoices since Business Opened
17. Original Return Paid Cheques Returned by Bank
18. Copies of V.A.T. / P.A.Y.E. / S.D.L. / U.I.F. / W.C.A. Returns Submitted
19. All Invoice Books
20. All Cash Books, Wages & other books of entry

Cape Town

Johannesburg

Durban

Millenium Take – on Checklist

<u>Description</u>	<u>Completed By</u>	<u>Date</u>
Sales Representative		
Consultant / Accountant		
Monthly Fee Approved (Contract)		
Client Loaded On Sage 1		
Quote Signed Off		
Client Invoiced		
Recurring Invoice Captured		
Debit Order Loaded		
Client Loaded On E-filing		
Checking E-filing Maintenance		
Checking E-filing Registrations		
Confirm Business Code		
Confirm CIPC Renewal Month		
Client Created On Pastel		
Client Loaded On SmartPractice		
Client Loaded On SMS Portal		
Documents uploaded to Cloud Filing		
Intercode File created		

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"/>