

Practice Advisory Fees Wanted Summary

| Confidential Client Information.

Date:

Covisory
PARTNERS

YOUR DETAILS

Name:

Firm

Contact Phone Number:

Mobile Number:

e-mail :

Postal Address:

Physical Address:

You are interested in

1. **Selling a Fee Block**

Proposed value of Fee Block?

Area the practice is based?

2. **Buying a Fee Block**

Minimum Fee Block value looking for?

Maximum Fee Block value looking for?

Area(s) Fee Block(s) wanted?

3. **Buying out a retired practitioner?**

Maximum purchase value?

Areas the practice could be based?

4. **Buying into an existing practice?**

Maximum purchase value?

Areas the practice could be based?

5. **Other** (Please specify)

INTERACTIVE PDF FORM

1: COMPLETE 2: SAVE TO YOUR DESKTOP 3: RETURN BY EMAIL

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ADDITIONAL INFORMATION

If you have any additional information or requirements that will assist us in helping you find, or sell a fee block, or find a practice to buy into please list them below:

Your area of professional specialisation

(Please tick as appropriate)

Compliance

Audit

Taxation Consulting

Management Consulting

Insolvency

TO SUBMIT THIS DOCUMENT

This document can be returned several ways:

- Use interactive PDF formatting, SAVE, then email to nigel@covisory.com
- Post to PO Box as below
- Scan and email to Nigel Smith - nigel@covisory.com

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