



VaKaFinance

Accounting Services Consulting Form

Please fill out this form and email to Judithk@vakafinance.co.za/info@vakafinance.co.za and a member of our team will respond to your request with availability details and a quote.

Name & Surname *(name of the contact person)*

Contact Number *(of the contact person)*

Email address

Contact Person

Our Bank Details

To pay:

VakaAfrica Finance Solutions
Palazzo Towers West, Monte Casino Blvd, Fourways

Account Number

Type a/c

Cheque a/c

Consulting Fee

Full Accounting up to Trial Balance-1year

Monthly accounting update -Retainer Fee

Reconcile monthly Suppliers Acc&prepare pmnt requisitions

Monthly Customers-Invoicing.Statements and Collections

Monthly Cash book/Bank /reconciliation

Financial Statements

Audited statements

SARS TAX RETURNS

Rates per Service

Select Service Required

R350.00	
R5000.00 minimum	
R2500.00	
R1500.00	
R1500.00	
R2000.00	
poa	
poa	
poa	

I _____ confirm that I am duly authorised in my capacity as

_____ to represent the aforementioned company in this agreement

Signature _____

Date: _____

