

# Accountants certificate

**Customer details**

Customer (your client) name

(Where the business is held in the joint names of more than one customer (e.g. husband and wife), or the customer has more than one business please complete a separate Certificate for each customer / business.)

Business name

Nature of business

Business address

Is the firms registered address in England or Wales?  Yes  No

How long has the business been trading?

Business Structure (please tick appropriate box)  Sole Trader  Partnership  Limited Company  SPV

If the business is an SPV has this been set up solely for the security properties or is any other business conducted?

Please provide the SIC code

Please provide a summary of the activities undertaken by the business

Has your client traded continuously over the last 12 months?  Yes  No

How long have you acted for your client?  Position in business

Clients NI number  Tax office

Tax ref. number  % shareholding  %

Please confirm your client's income from the business during the last three years. For less than three years trading, please provide a projection for the current year as applicable.

For all Business Structures			For Sole Trader / Partnership	For Limited Companies	
Year Ending	Annual Turnover	Net Profit (before personal tax, after any business tax)	Client's Drawings	Client's Directors Salary	Client's Dividends (Net)

Current year projection

Have these figures been agreed with HMRC?  Yes  No

If no, please state why

## Customer details continued

Please explain any fluctuation in turnover and/or net profit in any one year (if fluctuation greater than 10% please also provide a projection for the current year in the previous box)

Please give details of your client's income from other sources

Please give your opinion whether the business is financially sound and generating sufficient income to meet all your client's commitments including the proposed mortgage payment

Has the applicant or company previously been linked to any dissolved companies

Yes

No

If yes please provide full details

## Accountant confirmation

I confirm that the above figures provide a true and accurate summary of my client's income. If I have provided a projection, I confirm that as far as I am aware there have been no adverse material changes to the business to date.

Accountancy firm name

Address

Telephone number

Email

Signed

Print name

Date

Membership number

Registered in Firm Name or Individual Name (please specify)

Accountant Qualification (Please tick appropriate box)

Chartered Association of Certified Accountants - ACCA / FCCA

Chartered Institute of Management Accountants - CIMA

Chartered Institute of Public Finance Accountants - CIPFA

Association of Authorised Public Accountants - AAPA

Institute of Financial Accountants - IFA

Institute of Chartered Accountants - ACA / FCA

Company Stamp