

Accountant's Certificate

Phone: 0845 299 6668

Fax: 0704 299 6668

Please complete fully.

If you make a mistake please complete a new form.
The use of correction fluid or crossing out is not accepted.

Client Details

Client / Company Name		Business / Trading Name	
Nature of Business/Trade		Registration Number	
Business Address		Postcode	
Business Email		Business Telephone Number	
The business has been trading for	years months	Client share of Business (%)	Accounting Year End

For Sole Traders & Partnerships

Sole Trader

Partnership

(Totals for Business)

Date of Accounts / Projection

Profit after tax + NI (before deducting drawings)

*Current Year Projection OR YTD Management Accounts	1 Year Ago	2 Years Ago

* Where submitted accounts are less than 6 months old, a projection is sufficient otherwise management account figures are required

For Directors & Owners of Limited Companies (if holding more than 20% or more of the issued share capital by £ or number)

(Totals for Business)

Date of Accounts / Projection

Profit on ordinary activities after tax

Dividends received during period after tax

Salary after tax + NI

Client's total income (dividends + salary)

*Current Year Projection OR YTD Management Accounts	1 Year Ago	2 Years Ago

* Where submitted accounts are less than 6 months old, a projection is sufficient otherwise management account figures are required

Additional Information

Do you have any comments that would be relevant to or would assist with this application?

Accountant Details

Name of Company / Firm		Telephone
Accountant's Name	Email	
My membership reference number is	I hold a current practising Certificate / Licence valid until	We have acted for the Applicant(s) for years months
How were you introduced to the client?		

I possess one of the following qualifications

- | | |
|--|--|
| <input type="checkbox"/> The Institute of Chartered Accountants in England and Wales (ACA/FCA) | <input type="checkbox"/> The Institute of Chartered Accountants in Scotland (CA) |
| <input type="checkbox"/> The Association of Chartered Certified Accountants (ACCA/FCCA) | <input type="checkbox"/> The Association of Accounting Technicians (MAAT/FMAAT) |
| <input type="checkbox"/> The Chartered Institute of Management Accountants (ACMA/FCMA) | <input type="checkbox"/> The Institute of Financial Accountants (AFA/FFA) |
| <input type="checkbox"/> The Association of Authorised Public Accountants (AAPA/FAPA) | <input type="checkbox"/> The Association of International Accountants (AIA/FAIA) |
| <input type="checkbox"/> The Certified Public Accountants Association (ACPA/FCPA) | <input type="checkbox"/> The Chartered Institute of Taxation (CTA) |

Confirmation & Signature

To the best of our knowledge: a) our client is solvent and trading and able to pay its debts within the meaning of the Insolvency Act 1986 and b) we are not aware of any material issues that may affect the sustainability of our client's income or profits detailed above.

Company Stamp

Date	Signature
------	-----------

