

Accountants Certificate

To Confirm income for all self-employed applicants

Account number:

Please fill in the form using **BLOCK CAPITALS** and black ink. Tick any boxes which apply.

For sole trading self-employed applicants complete Section **A, B** and **E**.

For self-employed partners of a partnership business complete Section **A, C** and **E**.

For limited company director(s) (20% of shareholding) complete Section **A, D** and **E**.

Section A – as the company’s accountant, please clarify the following details

Customer Name [Your Client]:

Name of the Business (Trading As):

Nature of Business:

Business Address:

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.

Has your client traded continuously over the last 12 months? **YES / NO**

Business Commencement / Incorporation Date: (DD/MM/YYYY)

How long have you acted for your client?

Clients NI number:

Tax Office and Reference number:

Please note: We require information from the last three years’ trading accounts and will only accept income declared in the UK for tax purposes.

If you cannot provide three years’ figures please provide the reason:

Section B – for sole trading self-employed applicants

**Please confirm your clients income from the business during the last three years.
For less than three years trading, please provide a minimum of the latest two full years trading figures.**

Dates of Accounting Year End (DD/MM/YY)	Annual Turnover	Net Profit (before personal tax, after any business tax)	Client’s Drawings
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Section C – for self-employed partners of a partnership business

Percentage of Applicants Shareholding: %

**Please confirm your clients income from the business during the last three years.
For less than three years trading, please provide a minimum of the latest two full years trading figures.**

Dates of Accounting Year End (DD/MM/YY)	Annual Turnover	Net Profit (before personal tax, after any business tax)	Client’s Drawings
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Section D – for Limited Company Director(s) (20% or more shareholding)

Registered number of company:

Percentage of Applicants Shareholding: %

Dates of Accounting Year End (DD/MM/YY)	Annual Turnover	Net Profit (before personal tax, after any business tax)	Client's Directors Salary	Client's Dividends (Net)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Section E

Have these figures been finalised? **YES / NO** * if No please state why

Please state any qualifications to the accounts or comment generally on any substantial variation in the figures provided:

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:

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

Accountancy Firm Name:	<input type="text"/>		
Address:	<input type="text"/>		
Tel No:	<input type="text"/>	Email:	<input type="text"/>
Signed:	<input type="text"/>	Company Stamp:	
Print Name:	<input type="text"/>		
Date:	<input type="text"/>		
Accountants Qualification:	<input type="text"/>		
Membership Number:	<input type="text"/>		

Registered in Firm Name or Individual Name (please specify)

THIS SECTION IS FOR YOUR INFORMATION ONLY

Acceptable accountant's qualifications (for sole trader, partnership or Limited Company)

We only accept Accountant's certificates and Accounts produced and signed by an accountant with a qualification noted below

Accountancy Body		Qualification we will accept
Institute of Chartered Accountants in England & Wales	ICAEW	A.C.A F.C.A
Institute of Chartered Accountants of Scotland.	ICAS	C.A. (Chartered Accountant) A.C.A.S F.C.A.S
Institute of Chartered Accountants in Ireland. (Chartered Accountants Ireland)	ICAI	C.A. (Chartered Accountant)
Association of Chartered Certified Accountants.	ACCA	A.C.C.A F.C.C.A
Association of Authorised Public Accountants.	AAPA	A.A.P.A F.A.P.A
Chartered Institute of Management Accountants.	CIMA	A.C.M.A F.C.M.A
Association of International Accountants.	AAIA	A.A.I.A F.A.I.A. (NOT F.A.I.A (acad))
Institute of Financial Accountants	IFA	F.F.A A.F.A
Members' work mainly in Public Sector, Local Authority etc.		
Chartered Institute of Taxation.	CIOT	C.T.A (Fellow) F.T.I.I. (Fellow) C.T.A F.T.I.I.