

# 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

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