

Accountant's Certificate

Applicant Details

Applicants Name	<input type="text"/>	Company Registration Number	<input type="text"/>	Date of Incorporation	<input type="text"/>
Company Name	<input type="text"/>	Nature of Business	<input type="text"/>		
Registered Office Address	<input type="text"/>				
Position of Applicant	<input type="text"/>	% of Shareholding	<input type="text"/>		

Please note: We require a minimum of 1 years trading history. If the business has been trading for less than 3 years, please supply accounts for each trading year to date.

Sole Trader or Partnerships

	Financial Year		
	Current year / forecast	<input type="text"/>	<input type="text"/>
Financial year ending	<input type="text"/>	<input type="text"/>	<input type="text"/>
Annual turnover	<input type="text"/>	<input type="text"/>	<input type="text"/>
Accountancy profit	<input type="text"/>	<input type="text"/>	<input type="text"/>
Taxable profit	<input type="text"/>	<input type="text"/>	<input type="text"/>
Applicant's share of taxable profit	<input type="text"/>	<input type="text"/>	<input type="text"/>

Limited Company

	Year End		
	Current year / forecast	<input type="text"/>	<input type="text"/>
Financial year ending (date)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Annual turnover	<input type="text"/>	<input type="text"/>	<input type="text"/>
Profit before tax	<input type="text"/>	<input type="text"/>	<input type="text"/>
Profit after tax but before dividends	<input type="text"/>	<input type="text"/>	<input type="text"/>
Applicant's gross salary	<input type="text"/>	<input type="text"/>	<input type="text"/>
Applicant's dividends	<input type="text"/>	<input type="text"/>	<input type="text"/>
Net assets at year end	<input type="text"/>	<input type="text"/>	<input type="text"/>

Accountant's Declaration (must hold a UK accountant's qualification)

Accountant Name	<input type="text"/>	How long have you represented the applicant	<input type="text"/>	Qualification	<input type="text"/>
Firm Name	<input type="text"/>	Email Address	<input type="text"/>		
Accountant Address	<input type="text"/>				
I can confirm that the information provided in this form is an accurate reflection of the financial performance of the applicant's business.					
Signed	<input type="text"/>	Full Name	<input type="text"/>		
		Date	<input type="text"/>		