



## Accountant's Certificate

Confirming income for all self-employed applicants

As the individual's/company's accountant, please clarify the following details

Please complete this form using BLOCK CAPITALS and black ink. Tick any boxes which apply.

Name of applicant(s) whose income(s) is/are stated below

Name of the business

Nature of the business

Trading name (if applicable)

Business commencement / incorporation date

|                      |                      |                      |                      |                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
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DD

MM

YYYY

Complete **Section A** for sole trading self-employed applicants.

Complete **Section B** for self-employed partners of a partnership business.

Complete **Section C** for limited company director(s) with 20% or more shareholding.

Where two applicants derive income from the same business, this form can be completed for both – please ensure each individual's shareholding and income is clear.

### Section A – Sole Trading Self-Employed applicants

|                     | Dates of financial year end | Annual turnover | Gross profit before tax | Net profit before tax |
|---------------------|-----------------------------|-----------------|-------------------------|-----------------------|
| Last completed year | DD MM YY                    |                 |                         |                       |
| Year 2              | DD MM YY                    |                 |                         |                       |
| Year 3              | DD MM YY                    |                 |                         |                       |

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

| Registered number of company | % of distributed profit |          |                                  | Number and type of shares |                  |                    |
|------------------------------|-------------------------|----------|----------------------------------|---------------------------|------------------|--------------------|
|                              |                         |          |                                  |                           |                  |                    |
|                              | FYE date                | Turnover | Net profit before tax & dividend | Salary as director (A)    | Net dividend (B) | Total income (A+B) |
| Last year                    |                         |          |                                  |                           |                  |                    |
| Year 2                       |                         |          |                                  |                           |                  |                    |
| Year 3                       |                         |          |                                  |                           |                  |                    |

Section B – Self-Employed Partners of a Partnership Business

Applicant’s share of business and profits

|           | FYE date | Annual turnover | Gross profit before tax | Net profit before tax | Net profit attributable to applicant |
|-----------|----------|-----------------|-------------------------|-----------------------|--------------------------------------|
| Last year |          |                 |                         |                       |                                      |
| Year 2    |          |                 |                         |                       |                                      |
| Year 3    |          |                 |                         |                       |                                      |

From preparing the books and/or accounts of the business, I am of the opinion that the net profit before tax of the business is attributed to the applicant(s) as stated above.

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

Name and qualification (please print)

Signature

Date

Accountancy firm and full address

Postcode

We are unable to accept any amendments to this form. Please ensure both pages of this document are provided.