

Accountants Opinion

Application No. _____

Applicant's name		
Applicant's home address		
		Post code
Applicant's business address		
		Post code
Registration number		
Business telephone number		
Trading name of business		
Is the business sole trader/partnership etc		
Please confirm Applicant's % shareholding		
Type of business		
How long has the business been trading?	Years	months
How long have you acted for the Applicant?	Years	months

In your opinion does the applicant have the ability to service a loan of
£..... Over years at £..... per month? **YES/NO**

Signed by (print name)
Signature
Qualification
Membership Number
Date