

Accountants Certificate

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

Profit and Loss Statement

Month in which Company's Year End falls?

Annual Turnover	yyyy	yyyy
	£	£
Net Profit Before Taxation (include applicant's drawings or salary as an expense)	£	£
Applicants Drawings or Salary	£	£
Dividends Paid to Applicant	£	£
Spouses Income	£	£

If the accounts are not prepared by an ACA/ACCA/CIMA/AAT/CPA, please provide HM Revenue & Customs confirmation of self-assessment figures.

Accountants Opinion

I confirm that the above figures provide a true and accurate summary of my client's net profit and drawings.

Signed by (print name)
Signature
Qualification
Membership Number
Date