

## **Accountants Certificate**

## To confirm income for all self employed applicants

Please note Section A & F to be completed for all Clients.									
Section A - as the Mo	rtgages Applicant's Accountant plea	ase clarify the follow	wing details - to be	completed for all Clients.					
Customer name (your Clie	nt):								
Name of Business:									
Nature of Business:									
Business Address:									
Has your client traded cor	Yes	Yes/No							
Business Commencement	Business Commencement/Incorporation Date (DD/MM/YYYY): / /								
How long have you acted f	or your client?								
Client's NI:									
Tax Office and Reference I	Number:								
· ·	formation from the last three year . If you cannot provide three years	-		•					
Section B – for Sole Trading Self-Employed Applicants (please complete all boxes).  Dates of Financial Year Annual Turnover (from Gross Profit Net Profit Balance of									
Ends (DD/MM/YYYY)	Ordinary Trading Activities)	(Loss)	(Loss)	Capital Account					
Section C - for Self E Share of profits:	mployed Partners of Partnership B	usiness (please cor	mplete all boxes).						
Dates of Financial Year Ends (DD/MM/YYYY)	Annual Turnover (from Ordinary Trading Activities)	Gross Profit (Loss)	Net Profit (Loss)	Balance of Capital Account					
/ /									

Section D - for Self Employed partners of a LLP Partnership (please complete all boxes).  Member Stake: %										
Dates of Financial Year Ends (DD/MM/YYYY)	Annual Turnover (from Ordinary Trading Activities)		ross Profit .oss)	year a	Profit (Loss) for the financial year available for discretionary division amongst its members			Closing balance of Client's Capital account as at Financial Year End		
/ /										
Section E – for Limited Company Director (30% or more shareholding).  Registered Number of Company:  % of Client's Shareholding:  %										
Dates of Financial Year Ends (DD/MM/YYYY)	Annual Turnover (from Ordinary Trading Activities)	Gross Profit (Loss)	Profit (Loss financial ye Interest and	ar after	Total Shareholder's funds	Clients Salary		Total Client Remuneration		
Section F - to b	ne completed in all cas	ses.								
Have these figures been agreed with HMRC?  Please give your opinion whether the business is financially sound, and state any qualification to the accounts or comment generally on any substantial variation in the figures provided:										
I confirm that the above figures provide a true and accurate summary of my client's income. I confirm that to the best of my knowledge there have been no adverse material changes to the business to date. (Please tick box)										
Accountants details	;									
Qualifications:										
Name:										
Company:										
Signature:					Date:	/	/			