

Accountants Certificate

Applicants name(s)

Application number

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This certificate should be fully completed for Your Client(s) and be signed by a person with ICAEW, ACCA CIMA, ACA, FCA, CA, FCCA, ACMA or FCMA qualifications.

Please fill in the form using BLOCK CAPITALS and black ink.

For sole trading self-employed clients - complete Section A and B.

For self-employed partners of a partnership business - complete Section A and C.

For Limited Company where the Director(s) has 25% or more shareholding in the company - complete Section A and D.

Section A – As the Company/individual’s accountant, please complete the following details

Customer name (Your Clients):

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Business name (trading as):

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Nature of business:

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Business address:

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Has Your Client(s) traded continuously over the last 12 months?

Yes/No

Business commencement date:

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Period you have acted for Your Client(s):

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Please note: We require information from the last two years’ trading accounts and will only accept income declared in the UK for tax purposes.

Section B – For sole trading self-employed Clients

Please confirm Your Client(s) business income during the last two years.

Dates of financial year end	Annual turnover	Gross profit before Tax	Net profit before Tax	Clients drawings
		£	£	£
		£	£	£

Please comment on the business's ongoing ability to trade where there is a decrease in net profit figures in the last financial year. Please also provide a projection of the net profit for the coming financial year.

Section C – For self-employed partners of a partnership business

Percentage of Your Client(s) share of the business %

Dates of financial year end	Annual turnover	Gross profit before Tax	Net profit before Tax	Net profit before tax attributable to Your Client
	£	£	£	£
	£	£	£	£

Please comment on the business's ongoing ability to trade where there is a decrease in net profit figures in the last financial year. Please also provide a projection of the net profit for the coming financial year.

Section D – For limited companies where the Director(s) has 25% or more shareholding in the company.

Company registration number
 Number and type of shares
 Percentage of distributed profit %

Dates of financial year end	Annual turnover	Profits on activities before tax	Profit (after tax before dividend distribution)	Clients salary as director (A)	Clients net dividend distribution (B)	Clients total income
	£	£	£	£	£	£
	£	£	£	£	£	£
	£	£	£	£	£	£

Have these figures been finalised? Yes/No

(If No, state why)

Please also give your view of the Company's ongoing ability to trade where there is:

- Any substantial variation in the figures provided above.
- Details of any special notes to the Company's accounts.
- A negative shareholder's funds figure in any year.
- A decrease in the Company's profits during the last financial year. In this situation, please also provide a projection of the Company's profits for the coming financial year.

Accountants confirmation

I confirm the net profit before tax of the Company is attributed to the Client(s) as above.

Accountant's full name:

Qualifications:

Signature:

Date:

Accountant's full registered trading address: