

ACCOUNTANTS CERTIFICATE

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1. DETAILS Client name: Company registration number: Company name: Nature of business: Clients % share of business: **Business address:** Accounting year end: **Business email:** Business trading for: Years Months Business phone number: Incorporation Status: 2. ACCOUNTS DETAILS: This year projection This year to date Last year 2 years Ago (uncertified) (uncertified) (certified) (Certified) For the business: Year end date: Turnover/gross income: Profit after tax: Dividends paid: For the Client Gross salary Net salary (after tax and N/I/ Other income: **Total Net Income:** Additional information 3. ACCOUNTANT DETAILS: Company name: Accountants name: Practising certificate valid until: Company address: Business email Business phone number: Note: Must be one of the following ACA/FCA, ACCA/FCCA, ACMA/FCMA, ACPA/FCPA, CA, MAAT/FMAAT, AFA/FFA, AALA/FAIA, CTA **Oualification:** Members reference: How were you introduced to the applicant?: We have acted for the applicant for: Years Months 4. CONFIRMATION AND SIGNATURE: I/We declare that we know of no material issues that may affect the sustainability of the income being declared for the business or client detailed above. I/We declare that our client is solvent and able to pay their debts within the meaning of the Insolvency Act 1986. I/We have obtained details from the business named above of bank accounts kept, maintained or operated by the business during the accounting period noted above. I/We have examined the business book-keeping and in my/our opinion adequate records are kept of all transactions relating to business activities. Signature: Date:

Company Stamp: