

## **Accountants Certificate**

To confirm all income for all self-employed	d applicants
Account Number (if known):	Clients Residential Address:
Cliante Name (a)	
Clients Name(s):	Postcode:
	i deceded.
Please complete Sections A, B & D For other relevant income complete Sect	ion C in addition
Section A: As the Business's Accountant	, please clarify the following details:
Business/Firm Name (trading as):	Business Address:
Nature of Business:	
Nature of Basiness.	Postcode:
the client has more than one business	of more than one client (e.g. husband and wife), or splease complete a separate Certificate for each siness / stream of income.
Has your client traded continuously over t	the last 12 months? Yes No If no please provide more information in Section D
Business commencement / incorporation	n date: / / /
Clients NI Number:	
How long have you acted for your client?	?
income declared in the UK for tax purp	e last 2 years trading accounts and will only accept loses. Where the 2 years cannot be provided or the accounts is greater than 6 months ago please provide se may be used to assess affordability.
If you are unable to provide the last 2 yea	rs figures, please provide an explanation below:

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Continued overleaf......



## Section B: Limited Company Director OR sole trader/Self-employed partner OR a Partnership business:

Partnership business:			
Percentage of clients share	holding / ownership:	%	
Please confirm the income fi	rom the business durir	ng the last two years (	See note1 above)
	Projection	Last completed year	Year 2
Year End Date		y car	
Annual Turnover	£	£	£
Net profit before tax	£	£	£
Total assets	£	£	£
Clients directors remuneration (Ltd companies only)	£	£	£
Section C: Additional incon	ne		
This section is for additional	regular income e.g. re	nts received	
Percentage of clients Shareholding/Ownership:		% Registered as	a Ltd Co Y/N
	Projection	Last completed year	Year 2
Year End Date		y car	
Annual Turnover	£	£	£

£

£

Profit before tax\*

Continued overleaf......

£

<sup>\*</sup>For rent please deduct all mortgage interest and other relevant costs



Section D:	
Have all completed years figures been finalised?	Y / N If no, please provide an explanation
	which may be relevant to your clients mortgage ne, your opinion as to whether the business is
client's income and that there have bee	onfirming that this is an accurate summary of your on no adverse material changes to the business to tyou are aware of.
Accountancy Firm Name:	Accountancy Firm Address
Accountants Signature	
	Postcode:
Print Name	Company Stamp
Accountants Qualification:	
Accountants Qualification.	
Membership Number:	

Continued overleaf......



## **Section D: (Continued)**

## THIS SECTION IS FOR YOUR INFORMATION ONLY

Acceptable Accountant's qualifications (for sole trader, partnership or Limited Company)

We only accept Accountant's Certificates and Accounts produced and signed by an Accountant with a qualification from one of the accountancy bodies noted below:

Qualifications we will accept	Accountancy Body
ACA/FCA	Institute of Chartered Accountants in England & Wales
CA (Chartered Accountant)/ACAS/FCAS	Institute of Chartered Accountants of Scotland
ACCA/FCCA/AAPA/FAPA	Association of Chartered Certified Accountants
ACCA/FCCA/AAPA/FAPA	Association of Authorised Public Accountants
ACMA/FCMA	Chartered Institute of Management Accountants
ACPA/FCPA	Certified Public Accountants Association
MAAT/FMAAT	Association of Accounting Technicians
CTA (Fellow)/FTII (Fellow)/CTA/ATII	Chartered Institute of Taxation
AFA (associate)/FFA (Fellow)	Institute of Financial Accountants
CPFA	Chartered Institute of Public Finance & Accountancy

If the person completing this form doesn't hold one of the above stated qualifications, we will need to see a copy of the last 2 years tax calculations and overviews from HMRC.