

Account number:

Customer [Your Client] Name: *Where the business is held in the joint names of more than one customer (e.g. husband and wife), please complete a separate Certificate for each customer*

Trading As:

Nature of Business:

Business Address:

Has your client traded continuously over the last 12 months? YES / NO

How long has your client been trading?

How long have you acted for your client?

Clients NI number: Tax Office and Reference number:

Business Structure: Sole Trader / Partnership / Limited Company

Position in Business (e.g. Director):

Percentage Shareholding: %

Please confirm your clients income from the business during the last three years. For less than three years trading, please provide a projection for the current year as applicable.

[Company Performance] For all Business Structures			For Sole Trader / Partnership	For Limited companies	
Year Ending	Annual Turnover	Net Profit	Client's Drawings	Client's Directors Salary	Client's Dividends
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Have these figures been agreed with HMRC? YES / NO * if No please state why

Please explain any fluctuation in turnover and/or net profit in any one year:

Please give details of your client's income from other sources:

Please give your opinion whether the business is financially sound and generating sufficient income to meet all your client's commitments including the proposed mortgage payment:

I confirm that the above figures provide a true and accurate summary of my client's income. If I have provided a projection, I confirm that as far as I am aware there have been no adverse material changes to the business to date.

Accountancy Firm Name:

Address:

Tel No:

Email:

Signed:

Print Name:

Professional Qualifications: Registered in Firm Name or Individual Name (please specify)

Company Stamp

Date: