

Dear Sir or Madam

Your client has given us permission to obtain information that will help with their mortgage application.

Please complete the attached accountant certificate for your client and return it to us.

If you have any questions, please don't hesitate to get in touch.

Yours faithfully,

**To be completed by an accountant holding one of the below qualifications. Please complete the section(s) applicable to your client.**

Governing body		Qualifications we accept
Institute of Chartered Accountants of England & Wales	ICAEW	ACA, FCA
Institute of Chartered Accountants of Scotland	ICAS	CA
Institute of Chartered Accountants of Ireland	ICAI	CA
Association of Chartered Certified Accountants	ACCA	ACCA, FCCA
Chartered Institute of Taxation	CIOT	ATII, FTII, CTA
Chartered Institute of Management Accountants	CIMA	FCMA, ACMA, CIMA
Association of Authorised Public Accountants	AAPA	AAPA, FAPA

In ALL cases, please complete sections A, E and F. In addition, for applicants who:

- ▶ Are sole trading self employed, complete section B
- ▶ Trade as a partnership, complete section C
- ▶ Trade as a limited company director (25% or more shareholding), complete section D

A separate certificate should be completed for each company owned by the applicant(s). Where two applicants derive an income from the same business, only one form needs to be completed.

## SECTION A – Applicant/Business information

Our reference

Name of business/trading name (if applicable)

Name of applicant 1

Name of applicant 2

Business commencement/incorporation date

How long have you acted for the client(s) and for the business?

To your knowledge are your client's tax affairs up to date?

Yes  No

If no, please detail in Section F.

**Please provide the finalised figures for the last two years (draft or projected are not acceptable unless otherwise stated)**

## SECTION B – For sole traders

Year end		
Annual turnover	£	£
Gross profit before tax	£	£
Net profit / loss before tax	£	£

## SECTION C – For partnerships

Year end		
Annual turnover for business	£	£
Gross profit before tax for business	£	£
Net profit / loss for the business before tax	£	£
Share of net profit before tax for applicant 1	£	£
Share of net profit before tax for applicant 2	£	£

	Applicant 1	Applicant 2
Percentage of business owned	%	%

## SECTION D – For limited company director(s) (25% or more shareholding)

Year end		
Annual turnover for business	£	£
Gross profit for business	£	£
Net profit / loss for the business (after corporation tax, before any dividends)	£	£
Shareholders' funds	£	£
Pension contribution for applicant 1	£	£
Directors salary for applicant 1 (A)	£	£
Dividend for applicant 1 (B)	£	£
Total income for applicant 1 (A + B)	£	£
Pension contribution for applicant 2	£	£
Directors salary for applicant 2 (C)	£	£
Dividend for applicant 2 (D)	£	£
Total income for applicant 2 (C + D)	£	£

	Applicant 1	Applicant 2
Percentage of shares owned	%	%

## SECTION E – Covid impact questions

Does the business/applicant have an outstanding Bounce Back Loan (BBL) or Coronavirus Business Interruption Loan (CBIL)? If yes, please add details below.

Type BBL/CBIL	Amount	Monthly repayment	Term	Date repayments started	Repaid in full?
	£	£			

## SECTION F – Further information on Covid impact

Is current trading in line with previous figures noted in the above sections? Yes  No

Does the business remain solvent despite the additional liabilities of either BBL/CBIL? Yes  No

If draft/projections are available, please confirm whether they are in line with previous noted in the above sections? Yes  No

**If no to either of the above questions, please provide full details in Section G.**

## SECTION G – General information

Please provide an explanation where any of the following situations apply:

- ▶ The figures quoted above show any decrease year on year
- ▶ A significant increase/decrease in profit or turnover
- ▶ Drawings/Dividends have exceeded net profit in any of the years quoted
- ▶ Impact of BBL/CBIL

I can confirm that the information provided above is an accurate reflection of the financial performance of the business.

Full name of individual completing the certificate

Full name, address and telephone number of business

Accountant's qualification

Membership number

Print name & signature

Date

Call us on **0345 300 8000\*** if you have any queries.

\*Lines are open 9am to 5pm Monday to Friday. We're closed on Bank Holidays. 03 calls cost no more than calls to geographic numbers (01 or 02). Calls from landlines and mobiles are included in free call packages.

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