West One

Accountant's Certificate

Limited Companies Only

Please note we require one certificate, per applicant, per business.

Accountant's Details

Accountant's name		Company name	
Telephone Number		Address (including post code)	
Please indicate which of the following qualifications you currently hold	☐ ACA/FCA ☐ ACCA/FCCA ☐ ACMA/FCMA ☐ AAPA/FAPA ☐ CA ☐ CPA ☐ IFA ☐ AAT		

How long have you acted for this applicant? ____ Yrs ____ Mths

How long has this business been running? ____ Yrs ____ Mths

Percentage or shareholding owned bythe applicant? ____ %

Applicant and Business Details

Applicant's name		Company name	
Personal Address (including post code)		Trading Address (including post code)	
Nature of Business		Company registration number	

PLEASE PROVIDE THE LAST 2 YEARS ACTUAL FIGURES AND A PROJECTION FOR THE CURRENT TRADING PERIOD

Business Figures

	Previous Full Year	Latest Full Year	Year To Date	Projected Year End
Year Ending (please provide full date)	£	£	£	£
Annual Turnover	£	£	£	£
Gross Profit (before corporation tax)	£	£	£	£
Net Profit (after corporation tax)	£	£	£	£

Applicant's Figures

Dividends Received (must be in line with net profits above)	£	£	£	£
Dividends less Personal Tax	£	£	£	£
Gross Salary	£	£	£	£
Net Salary (ater tax and national insurance deductions)	£	£	£	£

Has the latest full year's accounts been submitted to HMRC? ☐ Yes ☐ No

CONTINUED OVERLEAF

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Please provide an explanation here for any large increase / decrease in any figures or if the applicant is drawing more than the net profit from their share of the business.

Please confirm that any figures (including projected figures) provided have been determined having had sight of the applicant's business bank statements or alternatively how you arrived at the projected figures.

To the best of my knowledge: 1) our applicant is solvent and trading and able to pay its debts within the meaning of the Insolvency Act 1986 and 2) we are not aware of any material issues that ay affect the sustainability of the applicant's income or profits detailed above.

Signature		Company Stamp	
Date			
Name		Email address	
Position		Membership Number	

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