

Accountant's Certificate

Limited Companies Only

Accountant's Details

Accountant's name

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

Telephone Number				(including				
Please indicate which of the following qualifications you currently hold	ACA/FCA AAPA/FAPA	ACCA/FCCA CA CPA	ACMA/FCMA	post code)				
How long have you acted for this applicant?	Yrs	t	How long has this business been running?	Yrs		Percentage or shareholding owned bythe applicant?	%	
Applicant and Business Details								
Applicant's name				Company nan	ne			
Personal Address (including post code)				Trading Addre				
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 Yea	ır \	ear To Date	Projecte	d 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		£		f		£		
Gross Salary		£		£		£		

Company name

Net Salary (ater tax and national insurance deductions)

No

Has the latest full year's accounts been submitted to HMRC?



West One Loans: Accountant's Certificate

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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