

Leeds

Building Society

ACCOUNTANTS CERTIFICATE

Account number:

Customer [Your Client] Name:

Trading As:

Nature of Business:

Business Address:

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

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 (before personal tax, after any business tax) | Client's Drawings | Client's Directors Salary | Client's Dividends (Net) |
| | | | | | |
| | | | | | |
| | | | | | |
| Current year Projection | | | | | |

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 (if fluctuation greater than 10% please also provide a projection for the current year in the box above):

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:

Membership Number:

Company Stamp

Date:

Registered in Firm Name or Individual Name (please specify)