

## Accountant's Certificate

ONLY ACCEPTED FOR CUSTOMERS TRADING LESS THAN 2 YEARS

Qualification & Membership Number	
Applicant name	
Trading name	
Registered company number	
Date business established	
Position held by Applicant	
Nature of business	
Time acting for the business	

PLEASE COMPLETE THIS SECTION FOR LIMITED COMPANIES

Year ending	Applicant's % shareholding	Turnover	Applicant's salary	Dividends	Net Profit/loss after taxation
/ /		£	£	£	£
/ /		£	£	£	£

PLEASE COMPLETE THIS SECTION FOR SOLE TRADERS AND PARTNERS

Year ending	Turnover	Net profit/loss	Applicant's drawings	Applicant's share of profit
/ /	£	£	£	£
/ /	£	£	£	£

<p>If the net profits have decreased in the last financial year, please provide an explanation:</p>	
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Full Name		Practice Stamp:
Signature:		
Date:		
Qualifications:		

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