

ACCOUNTANT'S CERTIFICATE

0161 333 1981  newbusiness@charlesstreetfinance.com



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CLIENT DETAILS

Client name			
Company name			
Business phone		Business Email	
Company reg. no.		Time trading	(years/months)
Client's share of business	%	Accounting year end	(dd/mm/yyyy)
Nature of business			
Business address			
Incorporation status	☐ Sole trader ☐ Partnership ☐ Limited Company ☐ Other If other please specify:		

FOR THE BUSINESS

This years projection (Uncertified)	This year to date (Uncertified)	Last year (Certified)	2 years ago (Certified)
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Year end date:				
Turnover / gross income				
Profit after tax				
Dividends paid				

FOR THE CLIENT

Gross salary				
Net salary (after tax & NI)				
Dividends received				
Other income				

RENTAL INCOME

Gross income before any deductions				
Net income after deductions, tax & NI				
TOTAL INCOME				

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ACCOUNTANT DETAILS

Name of company			
Accountants name			
Business phone		Business email	
Practicing cert. valid until	(dd/mm/yyyy)	Member ref.	
Duration acting for client	(years/months)		
How were you introduced to the client?			
I possess one of the following qualifications:	☐ Institute of Chartered Accountants in England and Wales (ACA/FCA) ☐ Institute of Chartered Accountants in Scotland (CA) ☐ Association of Chartered Certified Accountants (ACCA/FCCA) ☐ Association of Accounting Technicians (MAAT/FMAAT) ☐ Chartered Institute of Management Accountants (ACMA/FCMA) ☐ Institute of Financial Accountants (AFA/FFA) ☐ Association of Authorised Public Accountants (AAPA/FAPA) ☐ Association of International Accountants (AALA/FAIA) ☐ Certified Public Accountants Association (ACPA/FCPA) ☐ Chartered Institute of Taxation (CTA)		

CONFIRMATION & SIGNATURE

I/We confirm by my/our signature below that:

- I/We have obtained details from the business named above of all bank accounts kept, maintained or operated by the business during the accounting period noted above
- I/We have examined the business' book-keeping system and in my/our opinion adequate records are kept of all transactions relating to business activities
- I/We declare that our client is solvent and trading and able to pay their debts within the meaning of the Insolvency Act 1986
- I/We declare that we know of no material issues that may affect the sustainability of the income being declared for the business or client detailed above

Signature		Print name (including title)	
Company stamp		Date	

Please complete this form electronically and return via email to:
newbusiness@charlesstreetfinance.com

SUBMIT