

# Accountant's Certificate



For  
Intermediaries

To confirm income to Skipton Building Society for Intermediaries for all self-employed mortgage applicants

Account number:

Client's name:

Client's address:

<input type="text"/>
<input type="text"/>
<input type="text"/>

Postcode

For a sole trader/self-employed partner of a partnership business complete Section A, B and D.

For a limited company director (20% or more shareholding) complete Section A, C and D.

## Section A: as the company's accountant, please clarify the following details;

Name of the business/firm (trading as):

Nature of business:

Business address:

<input type="text"/>
<input type="text"/>
<input type="text"/>

Postcode

Where the business is held in the joint names of more than one client (e.g. husband and wife), or the client has more than one business please complete a separate Certificate for each customer / business.

Has your client traded continuously over the last 12 months? Yes  No

Business commencement/incorporation date: (DD/MM/YYYY)

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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How long have you acted for your client?

Clients NI number:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Tax office and reference number:

**Please note: We require information from the last three years trading accounts and will only accept income declared in the UK for tax purposes.**

If you cannot provide three years figures please provide the reason:

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

## Section B: for sole trader/self-employed partner of a partnership business

Percentage of clients Shareholding/Ownership:  %

Please confirm your clients income from the business during the last three years.

For less than three years trading, please provide a minimum of the latest two full years trading figures.

Dates of Accounting Year End  
(DD/MM/YY)

<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
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<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
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<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
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Annual turnover

<input type="text"/>
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<input type="text"/>
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<input type="text"/>
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Net Profit (before personal  
tax, after any business tax)

<input type="text"/>
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<input type="text"/>
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<input type="text"/>
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Clients drawings

<input type="text"/>
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<input type="text"/>
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<input type="text"/>
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**Section C: for Limited Company Director (20% or more shareholding)**

Percentage of clients Shareholding/Ownership:  %

		Dates of Financial Year End		
		Latest Completed Year	Previous Completed Year	Year 3
		DD / MM / YY	DD / MM / YY	DD / MM / YY
Annual Turnover	For the business	£	£	£
Profit on activities	For the business	£	£	£
Profit (after tax and before dividend)	For the business	£	£	£
Total Dividend	For the business	£	£	£
Closing Cash Balance	For the business	£	£	£
Total Assets	For the business	£	£	£
Total Liabilities	For the business	£	£	£
Shareholder Funds	For the business	£	£	£
Client's dividends	For the applicant	£	£	£
Client's salary	For the applicant	£	£	£

**Section D:**

Have these figures been finalised? Yes  No  (If no, please state why)

Please state any qualifications to the accounts or comment generally on any substantial variation in the figures provided:


Please give details of your client's income from other sources:

	Latest Completed Year	Previous Completed Year
	05 / 04 / YY	05 / 04 / YY
Example - Profit from UK Land & Property	£	£

Please give details of your client's income from other sources:


Please give your opinion whether the business is financially sound and confirm that you are not aware of any potential changes to income and/or the trading position, now or in the foreseeable future that are likely to affect the ability of the applicants to meet the proposed mortgage payment:


Does your client contribute to a pension? Yes  No

## Section D: (continued)

I confirm that the figures provided are a true and accurate summary of my client's income.

I confirm that as far as I am aware there have been no adverse material changes to the business to date.

Accountancy firm name:

Telephone number:

Address

  
  

Email address:

Signed:

Postcode

Company stamp

Print name:

Date:

Accountants qualification:

Registered in Firm Name or Individual Name (please specify)

Membership number:

### THIS SECTION IS FOR YOUR INFORMATION ONLY

#### Acceptable accountant's qualifications (for sole trader, partnership or Limited Company)

We only accept Accountant's Certificates and Accounts produced and signed by an accountant with a qualification noted below

Qualification we will accept	Accountancy Body
ACA/ FCA/ ICA/ ICAI/ ICAS/ FCAS/ ACAS	Institute of Chartered Accountants in England, Wales, and Scotland
AAIA / FAIA / (A.I.A)	Association of International Accountants
ACMA / FCMA / CIMA	Chartered Institute of Management Accounts
ACCA / FCCA / AAPA	Chartered Institute of Certified Accounts
CIOT/ CTA/ FTII/ ATII	Chartered Institute Of Taxations
CIPFA	Chartered Institute of Public Finance Accountants
IFA/FFA/AFA	Institute of Financial Accountants
AAT/FAAT/MAAT	Association of Accounting Technicians
ATT	Association of Tax Technicians