

Accountant's certificate June 2025 Confirming income for all self-employed applicants

This must be fully completed by an accountant with a qualification acceptable to Santander. Please complete this form, sign and return it to the applicants or broker.

In ALL cases, please fully complete sections A, E and F, then:

- o for **sole trading** self-employed applicants also complete **section B**.
- o for self-employed partners of a partnership business also complete section C.

Section A – As the comp	any's accountant, p	lease FULLY complete	the follow	ing details		
Name of each applicant w	red below	Nature of the business				
			Ви	siness commencement/incor	poration date	
Name of the business and traders, if there's no busin				D M M Y Y Y		
·						
Please note:						
					tax purposes. The most recent year-	
end mustn't de more than	18 months before	the date or the mortgag	је аррисас	on. Ir you can't provide 3 yea	rs' figures, please give us the reaso	
Where 2 applicants receiv	e income from the	same business, this for	m can be	completed for both applicant	s. Please make sure the individual	
shareholding and income						
Section B – For sole trad	ing self-employed	applicants, please FULL	.Y comple	e the following details		
			Date	s of financial year end		
	Most	Most recent year		Year 2	Year 3	
	D D	M M Y Y	D D M M Y Y		D D M M Y Y	
Annual turnover						
Gross profit before tax						
Net profit before tax						
Section C – For self-emp	loyed partners of a	partnership business,	please FU	LLY complete the following de	etails	
		Applicant 1		Applicant 2		
Percentage of business owned (must be entered as a percentage)		9	6	%		
				Dates of financial year en	nd	
		Most recent ye	ear	Year 2	Year 3	
		To be before year	7 7 7	Tedi 2	To black your	
	I	D D M M	Y	D D M M Y Y	D D M M Y Y	
Annual turnover	For the business					
Gross profit before tax	For the business					
Net profit before tax	For the business					
Net profit before tax	Applicant 1					
attributable to applicant						

Section D – For limited	company directors	s (20% or more shareholding), p	lease FULLY complete the follo	wing details					
Registered number of company Applica			abet share structure	Yes No					
Number of shares held by		future dividends for all applicants won't							
Percentage of applicant's sh	nareholding		n line with those declared? If yes, se give us further detail in Secti						
			Dates of financial year end						
		Most recent year	Year 2	Year 3					
		D D M M Y Y	D D M M Y Y	D D M M Y Y					
Annual turnover	For the business								
Profit on activities	For the business								
Profit (after tax and before dividend)	For the business								
Shareholders' funds	For the business								
Applicant's salary as	Applicant 1								
director (A)	Applicant 2								
Applicant's dividend	Applicant 1								
distribution (B)	Applicant 2								
Applicant's total income	Applicant 1								
(A + B only)	Applicant 2								
Section E. Please FULL Please provide comment o any significant increas o a negative shareholde o a decline in the profit of	and give your vieve e/decrease of prof r's fund figure in a	w in the box below of the ongoing it or turnover, or any year, or	ng ability of the business to trac	de where there is:					
Are there any adverse quelif yes, please give an expla			No						

Section F - Pl	ease FULLY co	mplete in AL	L cases.					
Is current tradin	g at least in line	e with the det	ails declared in the s	sections above?	If no, please giv	ve details in Section E.	Yes No	
Does the busine	ss/applicant ha	ive an outstan	nding Bounce Back Lo	oan (BBL) or Cor	onavirus Busine	ess Interruption Loan (CBIL	_)?	
If yes, please de	tail below.						Yes No	
Type (BBL or CBIL)	Amount (£)	Term	Date repayments started/due to start	Monthly repayment amount (£)	Repaid in full?	Where repayments have started is this reflected in the declared trading figures?	Does the business remain solvent despite the additional liability in the balance sheet?	
			D D M M Y Y					
I can confirm the	at the informat	ion provided	in this form is an acc		of the financia	al performance of the app	licant's business.	
Accountant's qui			ccountant's qualificat s)	tion				
with one of the fotowing professional source)					Postcode			
Signature				Accol	Accountancy firm email address			
Date				•	If you can't provide an accountancy firm email address, please tell us the reason			
D D M M	YYYY]						
				Acco	Accountancy firm telephone number			

Once this form has been fully completed, return it to the applicants or broker.