

## Accountant's certificate September 2020 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, PRINT IT OFF, SIGN AND RETURN IT TO THE APPLICANT(S) OR BROKER.

In ALL cases, please complete sections A and E, 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
- o For limited company director(s) (20% or more shareholding) also complete section D

	-	ite for each individual compa please clarify the following det	•				
Name of applicant(s) who			Nature of the business				
			Trading name (if applicable)				
Name of the business							
			Business commencement/incorporation date				
Please note:			D D M M Y Y Y Y				
We require information fro	m the last three yea months before the	ars' trading accounts and will on date of the mortgage applicatio	nly accept income declared in the UK for I n. If you cannot provide three years' figu	tax purposes. The most recent year-end res please provide the reason:			
Where two applicants der shareholding and income		e same business this form can	be completed for both applicants, how	vever, make sure the individual			
Section B – For sole trad	ling self-employed	applicants					
	Dates of financial year end						
1		Last completed 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					
Percentage of business owned (must be entered as a percentage)		Applicant 1	Applicant 2 %				
			Dates of financial year end				
		Last completed 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						
Gross profit before tax	For the business						
Net profit before tax	For the business						
Net profit before tax attributable to applicant	Applicant 1						
	Applicant 2						

Section D – For limited	company director	(s) (20% or more shareho	lding)					
Registered number of company			Alı	phabet share structure	Yes No			
Appl		icant 1 Applicant 2						
Number of shares held by			.,					
Percentage of applicant's sh	nareholding	%	%					
		Dates of financial year end						
		Last completed ye	ar	Year 2	Year 3			
		D D M M Y	Υ	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							
* Show the net dividend figure f	for pre 2016/17 tax yea	irs.						
Section E								
Are there any adverse qualifications to the accounts?  Yes  No								
If Yes, please provide an explanation in the box below.								
Please provide comment a	and give your view i	n the box below of the ong	going abil	ity of the business to trade where th	nere is:			
o any sharp increase/dec								
• a negative shareholder	-							
• a decline in the profit of		.atest year.						
			<i>a</i>					
Name	rmation provided i	n this form is an accurate i		of the financial performance of the ccountancy firm and full address	applicant's business.			
			] [					
Accountant's qualification	(must hold a UK ac	countant's qualification)						
			]	n	- chanda			
Signature				Postcode				
			A	Accountancy firm telephone number				
Date			J L					
D D M M Y Y Y	Υ							

Once this form has been fully completed, please print it off, sign it and return it to the applicant(s) or broker.