

Accountant's certificate September 2022 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 fully complete sections A, E and F, then:

- o For sole trading self-employed applicants also complete section B
- $\circ~$ For self-employed partners of a partnership business also complete section C $\,$
- For limited company director(s) (20% or more shareholding) also complete section D

You'll need to complete	a separate certifica	te for each individual compa	ny				
Section A – As the comp	any's accountant, p	lease FULLY complete the follo	owing details				
Name of applicant(s) who	se income(s) is/are	stated below	Nature of the business				
			Business commencement/incorpor	ration date			
Name of the business and no business name use app		oplicable). For sole traders, if					
Please note:							
			ly accept income declared in the UK for I n. If you cannot provide three years' figu				
Where two applicants der shareholding and income		e same business this form can	be completed for both applicants, how	vever, make sure the individual			
_		applicants, please FULLY comp	lete the following details				
	9	, promo-					
		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							
Gross profit before tax							
Net profit before tax							
Section C – For self-emp	oloyed partners of a	partnership business, please F	-ULLY complete the following details				
		Applicant 1	Applicant 2				
Percentage of business owned		%	%				
(must be entered as a perc	centage)		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						
Gross profit before tax	For the business						
Net profit before tax	For the business						
Net profit before tax	Applicant 1						
attributable to applicant	A 11						

Section D – For limited	company director	(s) (20% or more shareholding) pl	lease FULLY complete the following	g details				
Registered number of company App		Al	phabet share structure	Yes No				
		cant 1 Applicant 2 If yes, is there any reason to suggest that future						
Number of shares held by		di	dividends for all applicants will not be in line					
Percentage of applicant's sh	nareholding		ith those declared? If yes, please pro irther detail in Section E.	Yes No				
		Dates of financial year end						
		Most recent year	Year 3					
		Most recent year	Year 2					
	<u> </u>							
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							
Please provide comment	and give your view e/decrease of prof r's fund figure in a	w in the box below of the ongoing it or turnover; or ny year; or	g ability of the business to trade wl	here there is:				
Are there any adverse que of Yes, please provide an e			No					

Section F – Please FULLY complete in ALL cases.										
Is current trading at least in line with the details declared in the sections above? If no, please provide details in Section E. Yes No										
Does the business		an outstandir	ng Bounce Back Loan	(BBL) or Coronaviru	ıs Business Interrup	otion Loan (CBIL)?	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							
Name Date Accountant's qualification (must hold a UK accountant's qualification with one of the following professional bodies) Accountant's qualification (must hold a UK accountant's qualification with one of the following professional bodies) Date Accountancy firm and full address										
Are you an Associate or Fellow? Associate Fellow Postcode										
Are you a Member (only applicable for Institute of Chartered Accountants of Scotland)? Member				Account mber	Accountancy firm telephone number					
Signature (must b	e a wet signatu	re)								

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