

Account Number

If writing on the form, please use BLOCK capitals and black ink.

To be completed for all applicants:

Name of applicant whose income is stated below:

Name of the business:

Nature of the business:

Business Address:

Business Commencement/Incorporation Date:

To be completed for sole trading applicants:

Financial Month/Year End	Annual Turnover	Gross profit/loss	Total assets less total liabilities	Applicant's Drawings	Net Profit/loss before tax & drawings
D: M: Y:					
D: M: Y:					

If there has been a decrease in profits in the most recent financial year, please give an explanation for this, and a projection for the current financial year:

Have any personal commitments been paid through the business? If yes, please give details:

To be completed for self-employed partners of a partnership:

Applicant's share of business/profits:

Financial Month/Year End	Annual Turnover	Gross profit/loss	Total assets less total liabilities	Applicant's Drawings	Net Profit/loss before tax & drawings	Applicant's share of net profit/loss
D: M: Y:						
D: M: Y:						

If there has been a decrease in profits in the most recent financial year, please give an explanation for this, and a projection for the current financial year:

Have any personal commitments been paid through the business? If yes, please give details:

To be completed for limited company directors (with a >=25% shareholding)



Registered number of company:
Percentage of applicant's shareholding:
Total assets less total liabilities

Financial Month/Year End	Annual Turnover	Net profit/loss before tax & dividends		Applicant's salary/remuneration (A)	Applicant's net dividend (B)	Applicant's income (A+B)
D: M: Y:						
D: M: Y:						

If there has been a decrease in profits in the most recent financial year, please give an explanation for this, and a projection for the current financial year:

Have any personal commitments been paid through the business? If yes, please give details:

Other Income - Please give details of your client's income from other sources (if applicable)

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Have these figures been finalised? Yes / No. If no, please state why?

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To be completed by the account prior to submission:

Accountant's Name
Signature
Accountant's Qualification(s)
Email address/phone number
Date

Accountancy Body/Membership Number:
Accountant's stamp/full registered trading address: