

Accountant's Certificate

Year End Mary Previous Previous	Name:	Home / Business Address:					
Annual Turnover Annual Turnover Annual Turnover Annual Turnover Annual Turnover E E E E E E E E E E E E E	Business Name:						
Net profit Drawings / Dividends E E E E E E E E Directors Salary E When is your client's year end? What is the nature of your client's business? How long has your client trading? Years Months How long have you acted for your client? Years Months How long have you acted for your client? Years Months Please advise of the following: It 'Yes' please state source: Please advise of the following: Iditional Insurance number: Tax Office & Reference Number: Business Details: Sole Trader Ltd Company Partnership Position in business (e.g. employee, director) Shareholding Ture: Your Company Stamp:	Year End	MM YYYY This year Projection	ММ		MM YYYY		
Drawings / Dividends & & & & & & & & & & & & & & & & & & &	Annual Turnover	£	£		£		£
Directors Salary E E How long has your client receive income from any other source Years Months How long have you acted for your client? Years Months How long have you acted for your client? Years Months Please advise of the following: Iditional Insurance number: Sole Trader Ltd Company Partnership Position in business (e.g. employee, director) Shareholding Atture: Your Company Stamp:	Net profit	£	£		£		£
When is your client's year end? What is the nature of your client's business? Has your client traded continuously over the last 12 months? Please advise of the following: Idional Insurance number: Tax Office & Reference Number: Sole Trader Ltd Company Partnership Position in business (e.g. employee, director) The wolong has your client receive income from any other source Yes No If Yes' please state source: If Yes' please state source: Please comment, in your opinion, on the state of the business and /or any other relevant information. Please comment, in your opinion, on the state of the business and /or any other relevant information. Yes No If Yes' please state source: Please comment, in your opinion, on the state of the business and /or any other relevant information. Yes No If Yes' please state source: Shareholding Yes No Yes No If Yes' please state source: Your Company Stamp:	Drawings / Dividends	£	£		£		£
when is your client's business? What is the nature of your client's business? Has your client traded continuously over the last 12 months? Please advise of the following: National Insurance number: Tax Office & Reference Number: Business Details: Sole Trader Ltd Company Partnership Position in business (e.g. employee, director) Shareholding The state of the following: Sole Trader Sole Trader	Directors Salary	£ £			£		£
Additional Insurance number: Tax Office & Reference Number: Business Details: Sole Trader Ltd Company Partnership Position in business (e.g. employee, director) Shareholding Whateleft Shareholding Whateleft Shareholding Whateleft Shareholding Shareholding Whateleft Shareholding Share	What is the nature of your client's business? Has your client traded continuously over the last 12 months? Please advise of the following:			How long have acted for your and Years Please co	y long have you ed for your client? Years Months Please comment, in your opinion, on the state of the		
Your Company Stamp: Name:		ompany Partnership	nolding				
Name:	ture:			Your Comp	oany Stamp:		
	Name:						

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