

## Accountant's certificate directors with 20% or more shares

## Strictly private and confidential

For applicants who receive their income from a limited company and have 20% or more share capital in the company.

**Broker's instructions:** Please add the applicant's Case ID, Name and Company prior to supplying the Accountant with the blank certificate. We'll only accept certificates received directly from the Accountant.

Accountant's instructions: Please make sure that the applicant's Case ID, Name and Company are completed before proceeding. Once fully completed, email to documents@thecoventry.co.uk with ONLY the Case ID showing in the subject to field. We cannot accept any amendments or additions to this form following its receipt by us.

Case ID	С	В	S				or	С					
Applicant(s) name(s)													
Company name													
Nature of business													
Date business started		dd	/ mm /	уууу									
Please provide the foincluding the most redate of application a	ecent fin	nal fi	gures. The	latest f	inancial	year showi							
Year ending	Turnover		Net profit*	Applicant's gross share of net profit*		Fair value gains or losses**	Sa	lary **	÷*	Dividends			ouse's ary
dd / mm / yyyy													
dd / mm / yyyy													
* Net profit figur after the deduc ** Include any fair *** Salary is define If profits/drawings/sal	tion of C value ga d as the	Corpo ains appl	oration Tax or losses w licant's gro	hich ha ss salar	ve not b	een realise ing any ber	d. nefit in					-	
Are there any significanet profit of the perio						•	•	expec	ted t	o rec	ur, repo	orted v	within the

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If drawings/salary/dividend	ds exceed net profit please provide an explanation.
In your opinion, is the amo	ount of drawings/salary supported by the ongoing performance of the business?
Please confirm that cash fl	ow projections are sufficient to support the forecast growth of the business.
In your opinion, are the lev profitable?	rel of drawings/dividends sustainable to allow the business to grow and continue to be
If applicable, please provide which may affect the future	le a breakdown or the source of the applicant's additional income and specify any other factors re profitability.
Accountant's name	
Title	
Contact number of firm	
Membership of (Professional Body)	
Name and address of firm (including postcode)	
(melading postcode)	
Signature	
Date	dd I mm I yyyy

Affix Company Stamp here or return this completed form with signed headed paper.