**Please complete all relevant fields in the document, including all labelled mandatory, and using the drop downs where they exist. Once completed, please print, sign & stamp. Failure to complete correctly will lead to the document being rejected.**

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| Application Information |
| Application number(s) **(Mandatory)** |  |
| Applicant first name **(Mandatory)** |  |
| Applicant surname **(Mandatory)** |  |
| Business name **(Mandatory)** |  |
| Trading basis **(Mandatory)** | Choose an item. |
| Company registration number **(if applicable)** |  |
| Date business established **(Mandatory)** |  |
| Financial Year End **(Mandatory)** |  |
| How long has the applicant owned the business? **(Mandatory)** |  |
| Nature of business **(Mandatory)** |  |
| What is the applicant’s percentage shareholding? **(Mandatory)** |  |
| How long have you acted for the applicant? **(Mandatory)** |  |

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| Please complete all boxes, we can only accept certified figures (**Year 1** is latest financial year, **Year 2** is previous financial year) |
| Year | Turnover | Net profit (loss) before drawings/taxation | Applicant’s share of net profits (loss) | Applicant’s dividends | Applicant’s drawings/salary |
| Year 1 | £ | £ | £ | £ | £ |
| Year 2 | £ | £ | £ | £ | £ |

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| For sole traders |
| Balance of capital account | Year 1 | £ | Year 2 | £ |
| For limited company |
| Total assets, less total liabilities | Year 1 | £ | Year 2 | £ |
| Shareholder funds | Year 1 | £ | Year 2 | £ |

Is the business currently solvent? **(Mandatory)**  Choose an item.

Is the current year income stable/increasing going forwards? **(Mandatory)**  Choose an item.

Please provide explanations in the grey box below, (and projections if possible) where any of the following applies:

* Turnover and/or net profits have increased or decreased in the latest year.
* The applicant’s personal income from the business has significantly increased or decreased in the latest year.

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| *Please type explanation in this box* |

|  |  |
| --- | --- |
| Accountants name **(Mandatory)** |  |
| Accountants firm name **(Mandatory)** |  |
| Qualifications **(Mandatory)** | Choose an item. |
| Signature **(Mandatory)** |  |
| Date **(Mandatory)** |  |
| Accountant’s practice stamp **(Mandatory)**If no stamp available, please send this form accompanied by a covering letter on your company’s letter head. |  |
| If you do not hold one of these qualifications we will require SA302s and the Tax Year Overview for Sole Traders or Partnerships.For Limited Companies the accountant’s certificate must be reviewed and signed by an accountant with a recognised qualification |

