

To confirm income for all self-employed applicants

For a sole trader/self-employed partner of a partnership business, complete Section **A, B** and **D**. For a limited company director (25% or more shareholding) complete Section **A, C** and **D**.

Account number:

Client name:

Client's address:

Post code:

Section A

Where the business is held in the joint names of more than one client (e.g. husband and wife), or the client has more than one business, please complete a separate Certificate for each customer / business.

Name of the business / firm (trading as):

Nature of business:

Business address:

Post code:

Has your client traded continuously over the last 12 months?

Business commencement / incorporation date:

Client's NI number:

How long have you acted for your client?:

Tax office and reference number:

Please note we require information from the last three year's trading accounts and will only accept income declared in the UK for tax purposes. If you cannot provide three year's figures please provide the reason:

Section B – For sole trader/self-employed partner of a partnership business

Percentage of client's Shareholding/Ownership: %

Please confirm your client's income from the business during the last three years.
For less than three year's trading, please provide a minimum of the latest two full year's trading figures.

	Last completed year	Year 2	Year 3	Projection for this year
Date	<input type="text" value="DD/MM/YYYY"/>	<input type="text" value="DD/MM/YYYY"/>	<input type="text" value="DD/MM/YYYY"/>	<input type="text" value="DD/MM/YYYY"/>
Annual turnover	<input type="text" value="£"/>	<input type="text" value="£"/>	<input type="text" value="£"/>	<input type="text" value="£"/>
Gross Profit before tax	<input type="text" value="£"/>	<input type="text" value="£"/>	<input type="text" value="£"/>	<input type="text" value="£"/>
Net Profit before tax	<input type="text" value="£"/>	<input type="text" value="£"/>	<input type="text" value="£"/>	<input type="text" value="£"/>
Client's drawing's	<input type="text" value="£"/>	<input type="text" value="£"/>	<input type="text" value="£"/>	<input type="text" value="£"/>

Section C – For Limited Company Director (25% or more shareholding)

Percentage of client's Shareholding/Ownership: %

	Last completed year	Year 2	Year 3	Projection for this year
Date	<input type="text" value="DD/MM/YYYY"/>	<input type="text" value="DD/MM/YYYY"/>	<input type="text" value="DD/MM/YYYY"/>	<input type="text" value="DD/MM/YYYY"/>
Annual turnover	<input type="text" value="£"/>	<input type="text" value="£"/>	<input type="text" value="£"/>	<input type="text" value="£"/>
Profit on activities	<input type="text" value="£"/>	<input type="text" value="£"/>	<input type="text" value="£"/>	<input type="text" value="£"/>
Profit after tax/ before dividend	<input type="text" value="£"/>	<input type="text" value="£"/>	<input type="text" value="£"/>	<input type="text" value="£"/>
Total dividend	<input type="text" value="£"/>	<input type="text" value="£"/>	<input type="text" value="£"/>	<input type="text" value="£"/>
Closing cash balance	<input type="text" value="£"/>	<input type="text" value="£"/>	<input type="text" value="£"/>	<input type="text" value="£"/>
Total assets	<input type="text" value="£"/>	<input type="text" value="£"/>	<input type="text" value="£"/>	<input type="text" value="£"/>
Total liabilities	<input type="text" value="£"/>	<input type="text" value="£"/>	<input type="text" value="£"/>	<input type="text" value="£"/>
Shareholder funds	<input type="text" value="£"/>	<input type="text" value="£"/>	<input type="text" value="£"/>	<input type="text" value="£"/>
(Client's) dividends	<input type="text" value="£"/>	<input type="text" value="£"/>	<input type="text" value="£"/>	<input type="text" value="£"/>
(Client's) salary	<input type="text" value="£"/>	<input type="text" value="£"/>	<input type="text" value="£"/>	<input type="text" value="£"/>

Section D

Have these figures been finalised? Yes No

Please state any qualifications to the accounts or comment generally on any substantial variation in the figures provided:

Please give details of your client's income from other sources:

Last completed year

Previous completed year

Please give details of your client's income from other sources:

Please give your opinion whether the business is financially sound and confirm that you are not aware of any potential changes to income and/or the trading position, now or in the foreseeable future, that are likely to affect the ability of the applicants to meet the proposed mortgage payment:

Does your client contribute to a pension? Yes No

Section D - Continued...

I confirm that the figures provided are a true and accurate summary of my client's income.

I confirm that as far as I am aware there have been no adverse material changes to the business to date.

Accountancy firm name:

Telephone number:

Client's address:

Post code:

Print name:

Email address:

Signed:

Company stamp:

Date:

Accountant's qualification:

Membership number:

Registered in Firm Name or Individual Name (please specify)

Firm name

Individual name

This section is for information only:

Acceptable accountant's qualifications
(for sole trader, partnership or Limited Company)

We only accept Accountant's Certificates and Accounts produced and signed by an accountant with a qualification noted below. If you do not hold one of these qualifications we will also require :

For sole traders or partnerships:

SA302s accompanied by Tax Year Overviews

For Limited Companies:

The accountant's certificate must be reviewed and signed by an accountant with a qualification from the list below

Accountancy Body	Qualification
Institute Of Chartered Accountants	ACA / FCA / ICAS
Association of Chartered Certified Accountants	ACCA / FCCA
Chartered Institute of Management Accountants	ACMA / FCMA / CIMA
Association of Authorised Public Accountants	AAPA / FAPA
Association of Accounting Technicians	MAAT / FMAAT
Chartered Institute of Taxation	CTA
Association of International Accountants	AIA

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