

Accountant's certificate

Confirming income for all self-employed applicants

This form must be completed by an accountant with a qualification acceptable to Metro Bank PLC. Once complete please print, sign and return to the applicant(s) or broker.

In ALL cases, please complete sections A and E, then:

- · for sole trading self-employed applicants also complete section B
- for self-employed partners of a partnership business also complete section C
- for limited company director(s) (25% or more shareholding) also complete section D

You must complete a separate certificate for each individual company

Section A - Please clarify the following details
1. Name of applicant(s) whose income(s) is/are stated below:
2. Name of the business & company registration number:
3. Address of the business:
Postcode
4. Nature of the business:
5. Business commencement/incorporation date:



Section B - For sole-trading self-employed applicants

1. Name of applicant(s) whose income(s) is/are stated below:

	Date (Date of Financial Year End			
	Last completed year	Year 2	Year 3		
Annual turnover for the business					
Net profit before tax					

Section C - For self-employed partners of a partnership business

	Applicant 1	Applicant 2	Applicant 3	Applicant 4
Percentage of business owned (must be entered as a percentage)				

	Date of Financial Year End				
	Last completed year	Year 2	Year 3		
Annual turnover for the business					
Net profit before tax					

Net profit before tax attributable to applicant	Applicant 1		
	Applicant 2		
	Applicant 3		
	Applicant 4		



	Applican	t 1	Applicant 2		Applicant 3		Applicant 4
Number of shares held b	ру						
Percentage of applicant's shareholding		%		%		%	%
			Da	te of	Financial Ye	ar En	d
		Last cor	npleted year		Year 2		Year 3
Annual turno	ver						
Other / Non-operatir							
Operating Probefore Tax	ofit / Profit						
Net profit aft	er tax						
Shareholder'	s funds						
Fixed assets							
Director sala	ry (total)						
Dividends (to	otal)						
total income (salary &	Applicant 1						
	Applicant 2						
	Applicant 3						
	Applicant 4						



Section E - Summary (please complete in ALL cases)
1. Are there any adverse qualifications to the accounts? Yes No
2. If yes, please provide an explanation in the box below:
 3. Please give your view in the box below of the businesses ability to trade where there has been: A sharp increase/decrease of profit or turnover; or A negative shareholder's funds figure in any year; or A decline in the profit or turnover in the latest year.
4. Is current trading at least in line with the details declared in the sections B, C or D? Yes No
(If no, please provide details of the business's ability to trade)



I can confirm that the information provided in this performance of the applicant's business.	form is an accurate reflection of the financ	cial
Name	Date	
Accountant's qualification (must hold a UK account	tant`s qualification)	
Accountancy firm telephone number		
Accountancy firm and full address	Signature	
Postcode		

Once this form has been fully completed please print it off, sign it and return it to the applicant(s) or broker.