

This form can be completed electronically, saved and printed. If completing manually, please complete in black ink and BLOCK CAPITALS. Complete all boxes that apply.

1. Mortgage Application

Applicant Name

Business Name

Application Reference Number

2. Business Information

Please confirm the following information.

Business trading name

Nature of the business

Business Address

3. Finalised Accounts

Please provide as a minimum the previous three years trading information. For less than two years trading please provide a minimum of one year plus a projection in the section provided.

Period	Latest Year End	Previous Year End	Previous Year End
Trading Period start and end dates	From <input type="text"/> To <input type="text"/>	From <input type="text"/> To <input type="text"/>	From <input type="text"/> To <input type="text"/>
Turnover	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Net Profit	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Applicant Share of Net Profit (after Corporation Tax)	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>

4. Projection

Please complete this section if the company has been trading for less than two years or if a projection has specifically been requested

Period	Projection
Trading Period start and end dates	From <input type="text"/> To <input type="text"/>
Turnover	£ <input type="text"/>
Net Profit	£ <input type="text"/>
Applicant Share of Net Profit	£ <input type="text"/>

5. Other Income

Period	Latest Year End	Previous Year End	Previous Year End
Trading Period start and end dates	From <input type="text"/> To <input type="text"/>	From <input type="text"/> To <input type="text"/>	From <input type="text"/> To <input type="text"/>
Gross Profit from UK Land & Property	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Net income after Finance Costs	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>

6. Supporting Information

Please provide additional supporting information in relation to decreasing or fluctuating income or any additional supporting information you feel is relevant.

7. Accountant Declaration

I can confirm that the information provided is a true and accurate summary of my client's income. I can confirm that as far as I am aware there have been no adverse or material changes to the business to date.

Accountancy Firm name:	<input type="text"/>	Telephone Number:	<input type="text"/>
Address:	<input type="text"/>	Email Address:	<input type="text"/>
Postcode	<input type="text"/>	Signed:	<input type="text"/>
Company Stamp: (if no company stamp is available please provide a company letterhead)	<input type="text"/>	Print name:	<input type="text"/>
		Date:	<input type="text"/>
		Accountants qualification:	<input type="text"/>
Registered in <input type="checkbox"/> Firm Name <input type="checkbox"/> Individual Name		Membership number:	<input type="text"/>

Your Personal Information and what we do with it

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