

Accountants Declaration

To be completed by accountant

(Please use BLOCK letters)

Applicant Details

Applicants Name		
Business Address	State	Postcode
Trading Name	ABN / ACN if company	

Recent Financial Results

Year	Net Profit Before Tax	Owners Salary
	\$	\$
	\$	\$
	\$	\$

Is this business the applicant's principal source of income? Yes No

Is there any other information you wish to provide?

Accountant Declaration

I confirm that the information is accurate and current as at the time of signing this declaration. I make no comment on the client's ability to make repayments under any credit arrangement. Accounts have been prepared based on the documentary evidence provided by the client.

I am currently a member of

(Please TICK one of the following)

- Australian Society Certified Practising Accountants (CPA)
- Chartered Accountants in Australia and New Zealand
- National Institute of Public Accountants
- Other

Membership No.

Tax Practitioner Board Registration No.

Full Name of Accountant

Accountants Firm & ABN

Address of practice

State

Postcode

Email Address

Phone Number

Sign Here

Print Name

Signature

Date

d d / m m / y y