

Accountants Letter



The credit provider appreciates you completing this form. If you have any questions regarding this form, please contact:
Well Nigh on 02 8116 1000

CERTIFICATE FOR COMPLETION BY ACCOUNTANTS

Client's Name

Client's Business Address

Trading Name ABN

Period for which we have prepared accounts From To

Years for which tax returns have been lodged

Are the accounts audited? Yes No If yes by who?

Net Profit Before Tax and any non cash deductions (last 2 years, 3 if available)

(NPBT)	non cash deductions (e.g. depreciation)	
\$ <input type="text"/>	\$ <input type="text"/>	Year <input type="text"/>
\$ <input type="text"/>	\$ <input type="text"/>	Year <input type="text"/>
\$ <input type="text"/>	\$ <input type="text"/>	Year <input type="text"/>

Principal source(s) of income

Other information you wish to provide (eg reference at client's character or strength of income source, non-recurring expenses);

We make no comment on the client's ability to make repayments under any loan. We have prepared the accounts based on information provided by the client. We have no reason to doubt that the accounts disclose a fair picture of the client's affairs.

We have prepared this report in good faith, but we accept no liability for it.

I am a member of

Australian Society of Certified Practicing Accountants Chartered Accountants in Australia
 National Institute of Accountants Other

Signature

Print Name Date

Firm Name

Address

Email Phone Number