

# Accountant's Certificate

## Employed in a family business

To be used for applicants employed within a family business

Please fill in the form using BLOCK CAPITALS and black ink. Tick any boxes which apply.

We are able to provide literature in alternative formats. The formats available are: large print, Braille and audio CD. If you would like to register to receive correspondence in an alternative format please give us a call and ask for a preferred communication request form.

### As the company's accountant, please clarify the following details

Name of applicant whose income is stated below

Name of family business applicant employed by

The applicant's start date









What position do they hold?

This position is

Permanent

Temporary

Basic salary (per annum)

Details of any other income, including commission/overtime

Are they part of a company pension scheme? Yes  No

If Yes, please confirm the monthly % contribution

Name (please print)

Qualification

Signature

Date









Accountancy firm and full address

  
  
  


Postcode

We are unable to accept any amendments to this form.

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