



TRIVERS & CO. INSURANCES LTD.

INSURANCE, MORTGAGE, LIFE & PENSION BROKERS

ACCOUNTANT / AUDITOR CERTIFICATE

Applicant Name: _____

Full Business / Company Name: _____

How many years in business? _____

Nature of business: _____

Directors: 1. _____

2. _____

3. _____

4. _____

Company No:
(if applicable) _____

No. of employees _____

% ownership _____

Accounts:

Period End:			
Profit & Loss Account:	A/D/M	A/D/M	A/D/M
Turnover / Sales:			
Gross Profit:			
Net Profit (Loss) before Tax:			
Directors remuneration / Drawings:			
Balance Sheet:			
Fixed Assets:			
Current Assets:			
Current Liabilities excluding Bank Borrowings:			
Level of borrowings:			
Short Term (less than 1 year)			
Long Term (more than 1 year)			
Net Worth:			

A/D/M: (Audited / Draft / Management) Please circle above as appropriate.

Where the accounts are denominated in IR£ please convert to Euro. If the accounts are denominated in a currency other than Euro please state which currency is used.

Auditors Report qualified: **Yes** _____ **No** _____

You are requested to submit the latest audited accounts / financial statements to accompany this certificate in the event that:

- a) The accounts for any of the above three years show a pre-tax loss or have a negative net worth in the Balance Sheet
- b) You have qualified your Auditors Report in any of the above three years.
- c) You cannot confirm any of the following items:

- We confirm the personal and business liabilities to the Revenue Commissioner (PAYE/PRSI/VAT/Corporation Tax/Income Tax) are up to date at the financial year-end.
Yes No If "No" please give details by separate attachment.
- We confirm that the above figures are a true extract from the Audited/Draft/Management financial statements for the above business.
Yes No If "No" please give details by separate attachment.
- In the event of a limited company, has the director guaranteed any of the borrowings specified above?
Yes No If "Yes" please give details by separate attachment.
- Are you aware of any significant events affecting the business / company since the most recent financial year end?
Yes No If "Yes" please give details by separate attachment.

Signed: _____ **Date:** _____

Accountancy Qualification: ACA / ACCA / CPA / IIPA / CIMA (circle as appropriate)

Travers & Co Insurances Ltd is Regulated by The Financial Regulator.



Stamp