***This information must provided on business letterhead from a qualified registered accountant.***

**Trading Name of Accountant:**

|  |
| --- |
|  |

I confirm the following to the best of my knowledge:

|  |
| --- |
| Name and Address of Applicant Business: |

|  |  |  |
| --- | --- | --- |
|  | **YES** | **NO** |
| The business is named within the Health Protection (Coronavirus, Restrictions) (No.2) Regulations (Northern Ireland) 2020 as having to close/cease trading. |  |  |
| The business is not eligible for support under the Localised Restrictions Support Scheme (LRSS). |  |  |
| The business is operating in Northern Ireland. |  |  |
| The business was trading immediately prior to 16 October 2020. |  |  |
| The income lost by the business as a result of having to close/cease trading is the main source of income, accounting for >50% of the applicant’s income. |  |  |

Where you are unable to confirm any of the above, please leave blank.

I confirm that I have the power and authority to act on behalf of the Accountant.

|  |  |  |  |
| --- | --- | --- | --- |
| **Print Name** |  | **Signature** |  |

|  |  |
| --- | --- |
| **Date** |  |