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

**Trading Name of Accountant:**

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I confirm the following to the best of my knowledge:

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| Name and Address of Applicant: |

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|  | **YES** | **NO** |
| The applicant operates in Northern Ireland as a Sole Trader or a partner in a Partnership. |  |  |
| The applicant commenced trading as self-employed between 6 April 2019 and 5 April 2020. |  |  |
| The applicant was trading at 1 March 2020 (prior to the Covid-19 pandemic). |  |  |
| The applicant was previously trading in the period 6 April 2019 to 30 November 2020 but is temporarily unable to trade ***OR*** is currently trading but impacted by reduced demand, due to the COVID-19 pandemic. |  |  |
| The applicant is eligible for support under the Self Employment Income Support Scheme (SEISS). |  |  |
| The applicant suffered at least a 40% decline in trading profits between 1 March and 30 November 2020. |  |  |
| The applicant’s trading profits for 2019/20 were less than £50,000. |  |  |
| Over 50% of the applicant’s income for 2019/20 was from self-employment. |  |  |

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 named above.

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

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| **Date** |  |