

# Reference Response

PLEASE CONTACT THE SUBJECT(S) OF THIS REFERENCE REQUEST IF YOU NEED DIRECT AUTHORITY TO PROVIDE ANY OF THE INFORMATION REQUESTED

|   |   |   |                    |                   |
|---|---|---|--------------------|-------------------|
| Applicant Name(s)                                       |   |   |                    |                   |
| Business Name   |   |   |                    |                   |
| Business Address  |   |   |                    |                   |
| Nature of Business                                      |   |   |                    |                   |
| Type of Self Employment                                 |   | <input type="checkbox"/> Director <input type="checkbox"/> Sole Trader <input type="checkbox"/> Partner |                    |                   |
| If Director, what is their % of ordinary share capital? |   | Applicant 1   |                    | %                 |
|   |   | Applicant 2   |                    | %                 |
| If Partner, what is their % share of Business           |   | Applicant 1   |                    | %                 |
|   |   | Applicant 2   |                    | %                 |
| <b>FINANCIALS</b>                                       |   |   |                    |                   |
| <b>PROFIT &amp; LOSS INFORMATION</b>                    |   | <b>Year 2</b>   | <b>Latest Year</b> | <b>Projection</b> |
| Annual Turnover   |   | £   | £                  | £                 |
| Gross Profit  |   | %   | %                  | %                 |
| <b>IF DIRECTOR</b>                                      | Operating Profit (after tax)              | £   | £                  | £                 |
|   | Directors Remuneration                    | Applicant 1   | £                  | £                 |
|   |   | Applicant 2   | £                  | £                 |
|   | Gross Dividend                            | Applicant 1   | £                  | £                 |
| Applicant 2   |   | £   | £                  |                   |
| <b>IF SOLE TRADER OR PARTNER</b>                        | Net Profit per Accounts (before drawings) | £   | £                  | £                 |
|   | Share of Net Profit                       | Applicant 1   | £                  | £                 |
|   |   | Applicant 2   | £                  | £                 |
|   | Drawings (net of capital introduced)      | Applicant 1   | £                  | £                 |
| Applicant 2   |   | £   | £                  |                   |
| <b>BALANCE SHEET INFORMATION</b>                        |   | <b>Year 2</b>   | <b>Latest Year</b> | <b>Projection</b> |
| Total Assets  |   | £   | £                  | £                 |
| <i>Including Cash in Hand / at Bank</i>                 |   | £   | £                  | £                 |
| Total Current Liabilities                               |   | £   | £                  | £                 |
| <i>Including Loans / Overdraft</i>                      |   | £   | £                  | £                 |
| Capital Account / Capital and Reserves                  |   | £   | £                  | £                 |

Please also complete the questions on the next page.

1. How long have you been acting for the Applicant(s)?

|  |  |
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|  |  |
|--|--|

2. Is any part of the purchase being financed by the business?  
*If yes, what effect(s) (if any) will this have on the profitability or solvency of the business?*

YES  NO

|  |  |
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|  |  |
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3. Is the business financially sound and is the level of profit likely to continue?  
*Please provide information below to support your response.*

YES  NO

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4. Is there any substantial variation in the figures?  
*If yes, please provide details below.*

YES  NO

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|  |  |
|--|--|

5. Is there any additional income from other sources?  
*If yes, please provide details below.*

YES  NO

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|  |  |
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6. Do the applicant(s) pay Student Loans?  
*If yes, please provide details below.*

YES  NO

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7. Are you aware of any recent or future changes that may have any potential impact to the current business operations e.g. changes to company structures, shareholdings etc.?  
*If yes, please provide details below.*

YES  NO

|  |  |
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8. Do you consider the business performance and income being derived from the company to be sustainable for the foreseeable future?  
*If no, please provide details below.*

YES  NO

|  |  |
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|                               |  |              |  |
|-------------------------------|--|--------------|--|
| <b>Your Name:</b>             |  |              |  |
| <b>Your Qualification(s):</b> |  | <b>Date:</b> |  |