

Accountant Declaration

To: **The Credit Provider and Permanent Custodians Limited ACN 001 426 384**

This statement is to be completed and signed by the applicant(s) current accountant or tax agent in support of the applicant(s) income declaration of financial position made to the lender. Please complete one declaration per Company/Business/ABN.

LOAN DETAILS

Loan Amount: \$ Loan Term: Years

APPLICANT DETAILS

Applicant/Guarantor 1 Full Name
Applicant/Guarantor 2 Full Name
Company/Business Name:
ABN/ACN:
Company/Business Address:
Primary Function/Industry of business:

APPLICANT FINANCIAL POSITION

I am aware of the applicant/s current declared net profit before tax is \$ and to the best of my knowledge this amount is reasonable and accurate.

I have referenced the following current information / documentation to assist my assessment:

ACCOUNTANT DETAILS AND DECLARATION

- I am a practising accountant / licensed tax agent and am currently a member of:
 ICAA CPA Australia NIA Other:
- I am the accountant/tax agent for the above named applicant(s) and have acted for them in this capacity since
- I still act for them in this capacity.
- I am aware the applicant(s) have completed a self-declaration of income as part of their application for finance.
- I have prepared this document based on the information provided by the borrower/s. I have no reason to doubt that the borrower/s disclosed information is a fair picture of their affairs but I am unable to express any opinion as to the accuracy of the information provided by the borrower/s.
- I am aware that the applicant/s current income will be relied on by the lender for loan assessment purposes. To the best of my knowledge this amount is reasonable, reliable and ongoing. I am not aware of any factors that would either substantially affect the income stated or cause the applicant/s substantial financial hardship.
- I confirm the applicant(s) are registered tax payers with the Australian Tax Office.
- I confirm I am not related to any of the applicants, nor have any obvious conflicts of interest in completing this declaration.

A referral fee for the placement of this loan is being paid to me Yes No

Additional information (e.g. about the applicant/s income, expenses or financial position, conflicts of interest etc.)

Accountant Full Name:
Name of Practice:
Address of Practice:
Phone: Email:

Signature of Accountant

Date Signed

Tax practitioners board registration number: