

Application for an Air Travel Organiser's Licence (ATOL)

New Applications ATOL K3, CAA House 45-59 Kingsway London WC2B 6TE	Receipt Number: Initials: Fee £: Internal Use Only
---	---

This application form is for both Small Business and Standard ATOL applications.

There is advice on how to complete the form on our website (www.atol.org.uk). If you have any problems please contact a member of our New Applicants team on 020 7453 6361 or newapplicants@cpg.org.uk.

1 Applicant's Business Details

This Section asks for the trading details of the business applying for the licence and the address we should send all correspondence to.

1.1	Applicant's Business Name	<input type="text"/>
1.2	Trading Names to be included on the licence	<input type="text"/>
1.3	Company Registration No.	<input type="text"/>
1.4	Country of Incorporation	<input type="text"/>
1.5	Date business began trading	<input type="text"/>
1.6	Business Address	<input type="text"/>
1.7	County	<input type="text"/>
1.8	Postcode	<input type="text"/>
1.9	Main Public Phone	<input type="text"/>
1.10	Main Public Fax	<input type="text"/>
1.11	Main Public e-mail address	<input type="text"/>
1.12	Website(s) to be covered by ATOL	<input type="text"/>

2 Ownership of the Business

If you are a limited company you should complete this Section and confirm the details of the shareholding in your company. If your business is a Sole Trader or Partnership do not complete Section 2, go to Section 3.2 or 3.3 respectively.

Limited Company details only:

2.1 Ordinary Share Capital of Applicant

You only need to fill in the Company Number and Country of Incorporation boxes if the shareholder is a limited company.

Shareholder's Name	Director (Y/N)	No. of shares	Company No	Country of Incorporation
Total				

2.2 Companies which are part of a Group

If you are part of a Group please provide a copy of your company's family tree. Please also fill in details of the Group's Ultimate Holding Company.

2.3 Ultimate Holding Company (UHC)

UHC	<input type="text"/>
Company No	<input type="text"/>
Country of Incorporation	<input type="text"/>
Address	<input type="text"/>
Postcode	<input type="text"/>

Shareholder's Name	Director (Y/N)	No. of shares	Company No	Country of Incorporation
Total				

3 People in Control of the Business

Please detail all the people who are in a position of influence and control in your business. If your business is not a limited company go directly to Sections 3.2 or 3.3.

3.1 Directors and Company Secretary

If a director is also the person we should contact regarding the administration of the licence, please tick the Principal Contact box. If they are also the contact for financial matters, customer queries or marketing, please tick the relevant box.

Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth	<input type="text"/>		
Business Telephone	<input type="text"/>	Fax	<input type="text"/>
Business Email	<input type="text"/>		
Position	<input type="checkbox"/> Director	<input type="checkbox"/> Company Secretary	
Principal Contact	<input type="checkbox"/> Financial Contact	<input type="checkbox"/> Customer Contact	<input type="checkbox"/> Marketing/Sales <input type="checkbox"/>
Full Home Address :			
House No. / Street	<input type="text"/>	<input type="text"/>	
County	<input type="text"/>	Postcode	<input type="text"/>
Present at the address for the past 3 years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	(if no please confirm previous address below)
House No. / Street	<input type="text"/>	<input type="text"/>	
County	<input type="text"/>	Postcode	<input type="text"/>
I, the above named individual, sign to give my consent to the data protection notification clause at Section 11.5 of this application form.			
Signature	<input type="text"/>	Copy of passport identity page enclosed (tick):	<input type="checkbox"/>

Name

Date of Birth

Business Telephone Fax

Business Email

Position Director Company Secretary

Principal Contact Financial Contact Customer Contact Marketing/Sales

Full Home Address :

House No. / Street

County Postcode

Present at the address for the past 3 years? Yes No (if no please confirm previous address below)

House No. / Street

County Postcode

I, the above named individual, sign to give my consent to the data protection notification clause at Section 11.5 of this application form.

Signature Copy of passport identity page enclosed (tick):

Name

Date of Birth

Business Telephone Fax

Business Email

Position Director Company Secretary

Principal Contact Financial Contact Customer Contact Marketing/Sales

Full Home Address :

House No. / Street

County Postcode

Present at the address for the past 3 years? Yes No (if no please confirm previous address below)

House No. / Street

County Postcode

I, the above named individual, sign to give my consent to the data protection notification clause at Section 11.5 of this application form.

Signature Copy of passport identity page enclosed (tick):

Name

Date of Birth

Business Telephone Fax

Business Email

Position Director Company Secretary

Principal Contact Financial Contact Customer Contact Marketing/Sales

Full Home Address :

House No. / Street

County Postcode

Present at the address for the past 3 years? Yes No (if no please confirm previous address below)

House No. / Street

County Postcode

I, the above named individual, sign to give my consent to the data protection notification clause at Section 11.5 of this application form.

Signature Copy of passport identity page enclosed (tick):

Name

Date of Birth

Business Telephone Fax

Business Email

Position Director Company Secretary

Principal Contact Financial Contact Customer Contact Marketing/Sales

Full Home Address :

House No. / Street

County Postcode

Present at the address for the past 3 years? Yes No (if no please confirm previous address below)

House No. / Street

County Postcode

I, the above named individual, sign to give my consent to the data protection notification clause at Section 11.5 of this application form.

Signature Copy of passport identity page enclosed (tick):

3.2 Sole Proprietor

If the sole proprietor is also the person we should contact regarding the administration of the licence, please tick the Principal Contact box. If they are also the contact for financial matters, customer queries or marketing, please tick the relevant box.

Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth	<input type="text"/>		
Business Telephone	<input type="text"/>	Fax	<input type="text"/>
Business Email	<input type="text"/>		
Principal Contact	<input type="checkbox"/>	Financial Contact	<input type="checkbox"/>
		Customer Contact	<input type="checkbox"/>
		Marketing/Sales	<input type="checkbox"/>
Full Home Address :			
House No. / Street	<input type="text"/>	<input type="text"/>	
County	<input type="text"/>	Postcode	<input type="text"/>
Present at the address for the past 3 years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	(if no please confirm previous address below)
House No. / Street	<input type="text"/>	<input type="text"/>	
County	<input type="text"/>	Postcode	<input type="text"/>
I, the above named individual, sign to give my consent to the data protection notification clause at Section 11.5 of this application form.			
Signature	<input type="text"/>	Copy of passport identity page enclosed (tick):	<input type="checkbox"/>

Now go to Section 3.4.

3.3 Partners

Is this a limited liability partnership?

Yes No

Name

Date of Birth

Business Telephone

Fax

Business Email

Principal Contact

Financial Contact

Customer Contact

Marketing/Sales

Full Home Address :

House No. / Street

County

Postcode

Present at the address for the past 3 years?

Yes No

(if no please confirm previous address below)

House No. / Street

County

Postcode

I, the above named individual, sign to give my consent to the data protection notification clause at Section 11.5 of this application form.

Signature

Copy of passport identity page enclosed (tick):

Name

Date of Birth

Business Telephone

Fax

Business Email

Principal Contact

Financial Contact

Customer Contact

Marketing/Sales

Full Home Address :

House No. / Street

County

Postcode

Present at the address for the past 3 years?

Yes No

(if no please confirm previous address below)

House No. / Street

County

Postcode

I, the above named individual, sign to give my consent to the data protection notification clause at Section 11.5 of this application form.

Signature

Copy of passport identity page enclosed (tick):

3.4 Additional Key Personnel - ATOL Consultant

Name

Date of Birth

Telephone Fax

E-mail address

Position

Full Address

 Postcode

During the application process the CAA may decide to verify the consultant's identity. I, the above named individual, sign to give my consent to the data protection notification clause at Section 11.5 of this application form.

Signature Copy of passport identity page enclosed (tick):

3.5 Any other personnel who have not been included above

Name

Position Date of Birth

I, the above named individual, sign to give my consent to the data protection notification clause at Section 11.5 of this application form.

Signature Copy of passport identity page enclosed (tick):

Name

Position Date of Birth

I, the above named individual, sign to give my consent to the data protection notification clause at Section 11.5 of this application form.

Signature Copy of passport identity page enclosed (tick):

4 Associated Business

- 4.1 An associate business is a firm that is linked to your business through common shareholders, directors, partners, significant levels of trading or with whom there are financial links. Financial links include inter-firm loans and cross guarantees.

If there are any firms you believe would fall into this category, please detail them below. If not, go straight to Section 5.

Name of Associated Business	<input type="text"/>
Trading Address	<input type="text"/>
	<input type="text"/> Postcode <input type="text"/>
Company Number	<input type="text"/>
Country of Incorporation	<input type="text"/>
Is the company dormant?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Name of Associated Business	<input type="text"/>
Trading Address	<input type="text"/>
	<input type="text"/> Postcode <input type="text"/>
Company Number	<input type="text"/>
Country of Incorporation	<input type="text"/>
Is the company dormant?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Name of Associated Business	<input type="text"/>
Trading Address	<input type="text"/>
	<input type="text"/> Postcode <input type="text"/>
Company Number	<input type="text"/>
Country of Incorporation	<input type="text"/>
Is the company dormant?	<input type="checkbox"/> Yes <input type="checkbox"/> No

5 Business Profile

Please detail the type of business you intend to carry out under your licence and whether you are a member of any trade associations.

5.1 Type of Business to be placed under your licence

Summer Holidays – Short Haul	<input type="checkbox"/>	Winter Sun Holidays	<input type="checkbox"/>
Summer Holidays– Long Haul	<input type="checkbox"/>	Ski Holidays	<input type="checkbox"/>
Fly/Cruises	<input type="checkbox"/>	Fly/Coach	<input type="checkbox"/>
City Breaks	<input type="checkbox"/>	Conference & Incentive	<input type="checkbox"/>
Football Supporter Trips	<input type="checkbox"/>	Sports/Activity Holidays	<input type="checkbox"/>
Special Interest Holidays	<input type="checkbox"/>	Schools Travel	<input type="checkbox"/>
Charter Flight Only	<input type="checkbox"/>	Scheduled Flight Only	<input type="checkbox"/>

5.2 How you intend to sell your business

Direct to the customer %	<input type="text"/>	Through Travel Agents %	<input type="text"/>
--------------------------	----------------------	-------------------------	----------------------

5.3 Main Destinations

Please list the Top 4 Destination Countries you intend to serve under your licence

Country	<input type="text"/>	%	<input type="text"/>
Country	<input type="text"/>	%	<input type="text"/>
Country	<input type="text"/>	%	<input type="text"/>
Country	<input type="text"/>	%	<input type="text"/>

5.4 Trade Association Membership

	Y/N	Applied for Membership?		Y/N	Applied for Membership?
ABTA	<input type="checkbox"/>	<input type="checkbox"/>	IATA	<input type="checkbox"/>	<input type="checkbox"/>
TTA	<input type="checkbox"/>	<input type="checkbox"/>	AITO	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)	<input type="text"/>				

5.5 Professional Indemnity Insurance	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Applied	<input type="checkbox"/>
---	-----	--------------------------	----	--------------------------	---------	--------------------------

6 Bonding and Security

This section asks for details of bonds to other trade organisations and your prospective ATOL bond. It also asks about credit card facilities and security.

6.1 ATOL Bonding

Expected bond provider for CAA bond

Type of Security

6.2 Other Bonding

Type of Bond	Amount (£)	Bond Provider	Security (£)	Type of security
ABTA				
AITO				
IATA				
Airline Guarantees				
Other (specify)				
Total				

6.3 Credit Card Facilities

Do you have credit card facilities

Yes

No

If yes, name your credit card provider (merchant acquirer)

Do you provide security for these facilities?

Yes

No

What type of security do you provide (eg. cash held, deferred settlement)?

6.4 Other Security

Do you provide any other forms of security for your banking facilities, please provide details below:

Reason for security	Amount (£)	Type of security

7 Licence Projections

This Section requires you to confirm the type of business you intend to conduct under your ATOL and how much business you expect to do in the first year of the licence.

There are 4 categories of business that are covered by ATOL. For each category that you intend to sell, you must project the amount of business you expect to do in the first 12 months of trading. This first year, or 12 month period, is divided into 4 quarters of 3 months each. The first quarter of your licence will cover the first 3 month period when you intend to begin trading, followed by the next consecutive 3 quarters. Please complete the relevant tables below for each type of business you intend to conduct.

Please state when you intend to start trading ATOL bonded business:

7.1 Charter Flights or Package Holidays

This category of business is called Fully Bonded and allows you to sell charter flights or package holidays (using either charter or scheduled flights) at an inclusive price.

Please indicate where you intend to purchase your flights from:

Charter Airlines Scheduled Airlines ATOL Holders IATA Agents

	Jan-March 200_	April-June 200_	July-Sept 200_	Oct-Dec 200_	Total
Revenue £ (by dept date)					
Passengers (by dept date)					
Average Price (£)					

Public Liability Insurance Yes No Applied

7.2 Scheduled Flights

This category of business is called Scheduled Bonded and allows you to sell scheduled flight tickets without having to issue a ticket immediately upon receipt of payment from the customer.

Please indicate where you intend to purchase your flights from:

Scheduled Airlines ATOL Holders IATA Agents

	Jan-March 200_	April-June 200_	July-Sept 200_	Oct-Dec 200_	Total
Revenue £ (by dept date)					
Passengers (by dept date)					
Average Price (£)					

7.3 Scheduled Flights covered by Airline Deeds of Undertaking

This category of business is called Agency. It allows you to sell flight tickets purchased from scheduled airlines that have provided you with a Deed of Undertaking (a formal CAA document signed by the airline). By signing this document the airline accepts responsibility for the seats you sell.

PLEASE NOTE: Airlines rarely issue Deeds of Undertaking. If you are applying for this category you should already have received written confirmation from the airline that they will provide you with a Deed. Do not fill in this section if you have not received this confirmation.

If you want to sell other items packaged alongside the flight, this business is covered by a sub-category called Other Facilities. You will have to provide a bond to cover the value of the Other Facilities therefore you are required to provide separate projections for the flight element and the Other Facilities in the relevant table below.

Name of Airline	Via sub-agent	Direct to public

Flights sold under Deeds of Undertaking

	Jan-March 200_	April-June 200_	July-Sept 200_	Oct-Dec 200_	Total
Revenue £ (by dept date)					
Passengers (by dept date)					
Average Price (£)					

Other Facilities (other items such as hotels and car hire sold with the above flights)

	Jan-March 200_	April-June 200_	July-Sept 200_	Oct-Dec 200_	Total
Revenue £ (by dept date)					
Passengers (by dept date)					
Average Price (£)					

7.4 Sales to other ATOL holders

This category is called ATOL to ATOL. It allows you to sell flights or packages to other ATOL holders who then sell them to the public under their own ATOL. This category is very restricted and does not allow you to sell them to the public. Please name the ATOL holders you intend to sell to in the table below.

ATOL No.	ATOL holder	No. of seats

	Jan-March 200_	April-June 200_	July-Sept 200_	Oct-Dec 200_	Total
Revenue £ (by dept date)					
Passengers (by dept date)					
Average Price (£)					

8 Analysis of Total Turnover

8.1 Financial Year End

If you are part of a Group, please complete the table based on the applicant's turnover and include a copy of the table including the Group turnover.

You should fill in both columns of the table. The Audited column should be based on your last set of financial accounts. The Projected column should be based on your projections to the next financial year end.

Analysis of Total Turnover	Audited	Projected
	Date __/__/__	Date __/__/__
Licensable Turnover		
Fully Bonded Turnover		
Scheduled Bonded Turnover		
Agency Turnover – Seat Only		
Agency Turnover – Other Facilities		
ATOL to ATOL – Charter		
ATOL to ATOL – Scheduled		
Subtotal	£	£
Non Licensable Tour Operations		
Non-air packages – as principal		
Accommodation only – as principal		
Other sales as principal – please specify		
Subtotal	£	£
Gross Turnover as a Travel Agent		
Flight only sales as agent of other ATOL holders		
Sales of other ATOL holders' packages		
Other sales as an agent – where no flight is involved		
Subtotal	£	£
Other Turnover		
Sales made as a Ticket Provider		
Other – please specify		
Subtotal		
Total Gross Turnover	£	£

10 Finances

The projections at 10.1–10.3 can be provided in spreadsheet form from your IT systems. If you are part of a Group please complete the projections based on the applicant and provide a copy based on the Group.

10.1 Projected Cash Flow

Cash Flow Forecast for Year Ending ___ / ___ / ___	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
	£000	£000	£000	£000	£000
Receipts					
Licensable business					
Non Licensable business					
Interest & investment income					
Loans from directors					
Other loans (please specify in notes)					
Proceeds of share issue(s)					
Other income					
Total Receipts (A)					
Payments					
Flight costs					
Accommodation					
Other direct costs					
Salary costs (including pension costs)					
Directors' remuneration					
Advertising, promotion & brochure costs					
Licensing fees (ATOL, ABTA, IATA etc)					
Lighting & heating					
Legal & professional fees					
Insurance					
Rent & rates					
Telephone charges					
Bank charges & interest payable					
Entertaining & travel expenses					
Printing & stationery					
Postage					
Repairs & maintenance					
Bond premiums (ATOL, ABTA etc)					
Dividends					
Taxation					
Computer & IT costs					
Other (please specify)					
Purchase of fixed assets:					
UK Property					

Overseas property					
Computers					
Fixtures & Fittings					
Other					
Total Payments (B)	£	£	£	£	£
Net Receipts (Payments) (A-B)	£	£	£	£	£
Cash Position Brought Forward	£	£	£	£	£
Cash Position Carried Forward	£	£	£	£	£

10.2 Projected Profit and Loss Account

Projected profit & loss account for year end	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
	£000	£000	£000	£000	£000
Licensable Business					
Turnover					
Direct costs					
Gross profit (a)					
Non Licensable Business					
Turnover					
Direct costs					
Gross profit (b)					
Total Gross profit (a+b)					
Expenses					
Salary costs (include Pension costs)					
Directors' remuneration					
Advertising, promotion & brochure costs					
Licensing fees (ATOL, ABTA etc)					
Lighting and heating					
Legal & professional fees					
Insurance					
Rent & rates					
Telephone charges					
Bank charges & interest payable					
Entertaining & travel expenses					
Printing & stationery					
Postage					
Repairs & maintenance					
Depreciation					
Bond premiums (ATOL, ABTA)					
Computer & IT costs					
Other (please specify)					
Total expenses					

Other income (please specify)					
Profit (loss) before tax					
Tax					
Profit (loss) after tax					
Dividends or drawings					
Retained Profits (losses)					

10.3 Projected Balance Sheet

	Opening Position or last financial year end as at ___ / ___ / ___	Projected Position as at ___ / ___ / ___
External – Current Assets		
Stock (other than brochures)		
Trade debtors		
Other debtors & prepayments		
Bank & cash balances		
Other	£	£
External – Current Liabilities		
Bank overdraft		
Trade creditors		
Dividend payable		
Corporation tax payable		
Other creditors		
Accruals & deferred income		
Other	£	£
Working Capital – Surplus/(Deficit)	£	£
Internal - Receivables		
Due from directors		
Due from group companies		
Due from associates		
Other	£	£
Internal - Payables		
Due to directors		
Due to group companies		
Due to associates		
Other	£	£
Total net current assets/(liabilities)	£	£
Fixed assets		
Freehold property		
Leasehold		
Motor vehicles		
Fixtures & fittings		
Computer equipment		
Other	£	£
Total net tangible assets/(liabilities)	£	£

	Opening Position or last financial year end as at ___ / ___ / ___	Projected Position as at ___ / ___ / ___
Other Assets		
Cash deposits (for bonding, rent etc)		
Investments in associate companies		
Other	£	£
Intangible assets		
Goodwill		
Brochure/advertising costs		
Other		
	£	£
Total net assets/(liabilities)	£	£
Financed by:		
Shareholders Funds		
Ordinary share capital		
Preference share capital		
Share premium		
P&L		
Other reserves	£	£
Borrowings		
HP > one year		
Bank loan		
Subordinated loans	£	£
Deferred Liabilities		
Deferred tax	£	£
TOTAL FINANCES	£	£

Please include any notes and assumptions regarding the projections in the box below

11 Declaration

Warning: By virtue of Regulations 14(3) and 15(2) of The Civil Aviation (Air Travel Organisers' Licensing) Regulations 1995 as amended (the "Regulations"), it is a Criminal Offence for a person to knowingly or recklessly furnish false information on this application form or any of the sheets which accompany it.

11.1 Has the applicant or anyone in a position of control in the applicant applied for an ATOL or been involved with an ATOL holder in the past?

Yes No

11.2 Has any director, partner or proprietor been involved in a firm which has failed within the last 5 years?

Yes No

11.3 Has the company, any director, partner or proprietor been convicted for a breach of the ATOL Regulations?

Yes No

11.4 Has anyone in a position of control in the applicant been disqualified as a director?

Yes No

If you answered yes to any of the above questions please provide some background details. You should also send a copy of a liquidator's report if relevant.

This form must be signed by:

- Sole Proprietor if a Sole Proprietor
- A Partner if a Partnership
- An appointed director or the Company Secretary if a Limited Company
- A duly authorised person if any other organisation

11.5 Each individual mentioned in this application form has signed as evidence of consent to processing of their personal data in accordance with the following data protection notification clause:

We, the CAA, will do a search to verify your identity. This involves checking the details you supply against those held on any databases to which the credit reference agency for the time being instructed by the CAA has access. This includes information from the Electoral Register and fraud prevention agencies. We may seek verification from other organisations who request the information for reasons of fraud prevention or investigation of crime to protect ourselves and consumers from theft and fraud. If you give us false or inaccurate information and we suspect fraud, we will record this and may share this information with other organisations.

Declaration: I confirm that to the best of my knowledge and belief the information in this form, and on any separate sheets accompanying this form, is true and complete.

Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Position	<input type="text"/>	Date	<input type="text"/>
Signature	<input type="text"/>		

12 New ATOL Application Checklist

****Please make a copy of your completed application form as your bond provider may require it****

General	SBA	Standard ATOL
Completed licence application form	<input type="checkbox"/>	<input type="checkbox"/>
Non refundable licence application fee (name of the applicant on the back of the cheque)	<input type="checkbox"/>	<input type="checkbox"/>
Company Certificate of Incorporation (limited companies/LLPs only)	<input type="checkbox"/>	<input type="checkbox"/>
Memorandum and Articles of Association (limited companies only)	<input type="checkbox"/>	<input type="checkbox"/>
Business plan	<input type="checkbox"/>	<input type="checkbox"/>
Members/Partnership Agreement (LLPs only)	<input type="checkbox"/>	<input type="checkbox"/>
CVs for all personnel listed in the application form	<input type="checkbox"/>	<input type="checkbox"/>
A clear copy of the photograph & signatory page(s) of the current passport held by all personnel listed in the application form.	<input type="checkbox"/>	<input type="checkbox"/>
Business Family Tree (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>
Confirmation of directors', sole proprietor's or partners' addresses (provide a recently issued, original utility bill or bank statement).	<input type="checkbox"/>	<input type="checkbox"/>
Advertising and Publicity		
Current brochures, leaflets and any other publicity material	<input type="checkbox"/>	<input type="checkbox"/>
Draft brochures (for all types of products you intend to sell)	<input type="checkbox"/>	<input type="checkbox"/>
Draft ATOL Confirmation Invoice	<input type="checkbox"/>	<input type="checkbox"/>
Draft ATOL Receipt	<input type="checkbox"/>	<input type="checkbox"/>
Confirmation Invoice for non-licensable sales (where you are principal)	<input type="checkbox"/>	<input type="checkbox"/>
Receipts for retail sales	<input type="checkbox"/>	<input type="checkbox"/>
List of ATOL holders where you act as their retail agent and copies of retail agency agreements/letters of appointment	<input type="checkbox"/>	<input type="checkbox"/>
Finances		
Standard ATOL applicants should all provide:		
Breakdown of "Other Debtors"/"Prepayments and Accrued Income"		<input type="checkbox"/>
Audited accounts for any associated firms		<input type="checkbox"/>
Summary of the relationship (trading or otherwise) between the applicant and any associate		
Stand alone companies		
Audited accounts for the last three years		<input type="checkbox"/>
Group companies		
Audited Group consolidated accounts		<input type="checkbox"/>
Group consolidated financial projections		<input type="checkbox"/>
Group family tree		<input type="checkbox"/>
Newly formed companies		
Certified opening balance sheet		<input type="checkbox"/>
Sole Traders/Partnerships		
Certified accounts for the last three years		<input type="checkbox"/>
Certified statement of personal assets and liabilities		<input type="checkbox"/>