



Discretionary Resident Permit *Financial Circumstances – Self-employment*

Applicant First name(s):	
Applicant Surname:	
Applicant's date of birth:	
Application number:	

Please complete the sections below. If any sections are not applicable, please state 'N/A'.

Section 1: Self Employment

Nature of Income and date your accounting year began	Details of the last two accounting periods					
	Net profit/loss		Your share of profit/loss		Tax payable by you	
	Year 1	Year 2	Year 1	Year 2	Year 1	Year 2

Section 1a: Supporting Documentation *(If applicable)*

Type	Tick
Please provide documentary evidence of any income from self-employment over the last 2 years of accounts or, if you are able, the last 2 years of accounts	<input type="checkbox"/>

Section 2: Declaration

I declare that all of the information submitted in respect of this form is correct to the best of my knowledge and belief; and

I understand that it is an offence under the Population Management (Guernsey) Law, 2016 (the "Law") for any person who in connection with an application for a Certificate or Permit knowingly makes any false statement or recklessly makes any statement which is false in a material particular and/or knowingly fails to produce or furnish any information to the Population Management Office which is required under the provisions of the Law or any Ordinance made there under.

Date:	
Full Name:	
Signature:	