NEAS

Statement to be completed by INDEPENDENT ACCOUNTANT

Please provide this statement, signed and dated, on the accountancy firm's letterhead.

Date:

The Chief Executive Officer
NEAS
Suite 201, Level 2
213-219 Miller Street
NORTH SYDNEY NSW 2060

Re: Financial viability of _____ **trading as** _____
LEGAL ENTITY NAME TRADING NAME

1. I am an accountant qualified to practise in my local jurisdiction.
2. I am independent of and have no financial interest in the provider making this application for NEAS accreditation.
3. In my opinion, the accounting system adopted by the organisation is appropriate for preparing financial statements which portray a true and fair view of the business.

In my view, these assumptions are reasonable.

Signature of Accountant .....

Name of Independent Accountant .....