

Verification report

For submission to the Chamber of Industry and Commerce, I hereby declare that for the purpose of the granting / extension of the relevant residence permit or application for a settlement permit in accordance with the provisions of the German Residence Act:

Name of inspector (Name of the auditor/tax consultant/tax representative)	
Company	
Address	
Tel./ Fax / E-Mail	

I. Inspection order and conduct of inspection

1. On _____, on the basis of the order given to me,
 - 1.1. The inspection of the personal incomes of

Address	Mr./ Mrs.
Name / first names	/
Born on / in	/
Nationality	
Function	
Private address	

- 1.2. and the inspection of the company of the client

Company name	
Address of the company:	
Telephone	
Fax	
E-Mail address	
Internet address	

3.13. Craft-like business according to Appendix B 2 of the Crafts Code

3.14. Other services (please explain below)

4. The company conducts its business in

- 4.1. privately used living rooms of the applicant
- 4.2. separate business rooms
- 4.3. a rented bedroom-office
- 4.4. other premises (please explain below)

III. Information on sales and earnings

In the inspection period of the last three business years, the annual turnover / the annual profit in Euro was: (please complete year and month details)

Year	20	20	20	20
Annual turnover				
Profit before taxes				
Profit after taxes				

IV. Note on the type of bookkeeping / records

- 1. A commercial accounting system is employed
- 2. A cash-flow account is prepared
- 3. The bookkeeping / accounting records is/are conducted promptly
- 4. The bookkeeping / accounts is/are conducted at regular intervals (Quarterly)
- 5. The bookkeeping / accounting is/are conducted at irregular intervals
- 6. To date no proper bookkeeping has been conducted

V. Details on the employment of staff

In the accounting period on average the following numbers of persons were employed:
Annual / Monthly figures (please complete details of years and months)*

Year	20	20	20	20
Commercial employees				
Industrial employees				
Apprentices				
Total				
Of which, full-time				
Of which, part-time				
Company number of the company:				

* The employees include only workers, excluding executive board members, managing directors, owners and authorized signatories!

VI. Details of the remuneration of the applicant

Mr./ Mrs.:

had received monthly payments of _____ in Euros:
 (Please enter the gross payments and, if possible, confirm them through tax statements)
 Please complete the year numbers in the table.

Year	20	20	20	20
January				
February				
March				
April				
May				
June				
July				
August				
September				
October				
November				
December				
Total				

Additional withdrawals paid out to the client in the last three financial years according to the balance sheet presentation/shareholder resolution (please complete details of years)

for the year (inflow)	20	20	20	20
Sum in €				

1. The remunerations were paid continuously in monthly sums since the beginning of the activity in cash
2. The remunerations were paid at irregular intervals of time
3. The remunerations were paid in irregular partial sums
4. The remunerations were booked as claims against the company
5. No remunerations were paid

Explanations if necessary:

VII. Details of the expenditures for a comparable health insurance cover in accordance with the provisions of SGB V, or care insurance cover according to the type and extent of that of the social nursing care insurance according to the fourth chapter of SGB XI

During the period of the inspection or since the start of the activity, the applicant has paid expenses for health insurance

1. Health insurance premiums were paid for the entire audit period in monthly sums

2. Health insurance premium were paid at irregular intervals
3. No health insurance premiums were paid

Please enter the monthly health insurance premiums paid and complete details of the years
(Entry of annual premiums is not sufficient!)

Year	20	20	20	20
January				
February				
March				
April				
May				
June				
July				
August				
September				
October				
November				
December				
Total				

Explanations if necessary:

Details of health insurance¹

Name of the insurance company	
Street	
Postal code, town	
Member's number	
Contact partner	
Tel. No.	

¹ Please enclose the insurance policy and a copy of the insurance card!

VIII. Details on pension schemes

1. The company has regularly paid monthly pension contributions to the statutory pension insurance scheme for the applicant
→ Pension insurance number:
2. The company has not regularly paid monthly pension contributions to the statutory pension insurance scheme for the applicant
3. The applicant has concluded a private pension scheme in the form of a life insurance policy (for more details, see next paragraph)*
4. The applicant has incurred expenses for a different form of old-age pension provision**
5. The applicant has not yet arranged any form of old age pension

*Supplementary details relating to 3.

Sum insured in Euros	
Policy-No.	
Name of the insurance company	
Address	

Please enclose insurance policy

**Explanations relating to 4.

Please enter the monthly premiums paid and complete the details of the years:

Year	20	20	20	20
January				
February				
March				
April				
May				
June				
July				
August				
September				
October				
November				
December				
Total				

Please include verification

IX. Audit report

1. On the basis of the concluding result of my audit I confirm that the company
 - 1.1. is not insolvent nor that insolvency proceedings are pending
 - 1.2. is not over-indebted
 - 1.3. over-indebtedness is not to be expected in the foreseeable future
 - 1.4. The livelihood of the applicant continues to be secured

2. During the audit period, I noticed the following irregularities:

This audit report was prepared on the basis of the accounting records, the evidence submitted, as well as the information provided by the audited company, and also on the basis of the applicant's comments. (If necessary, insert name of external company)

I assure the accuracy of the above statements. My general terms and conditions apply!

Place Date

Name and signature of the auditor / tax consultant / tax representative

Stamp

PLEASE NOTE!

Please do not forget to submit:

- A current copy of the entry in the trade register
- Copy/copies of the business registration/business re-registration
- Insurance policies of the applicant
- AGB of the inspector

Note: For reasons of better legibility, the additional formulation of the female form has been dispensed with. We would, therefore, like to point out that the exclusive use of the male form is to be understood as gender-independent.