



**'KNOW YOUR CUSTOMER' REQUIREMENTS**

- Please attach certified copies of the ID to this form.
- All documentary evidence must be certified as a true copy of the original, dated and signed by a suitable individual (e.g. MCCB or FSA registered intermediary) who has identified the customer, and their relevant registration number and name must be printed clearly on the certified copy. Documents can also be certified by a professionally qualified person such as a bank official, teacher/lecturer, accountant, solicitor, doctor, police officer, in which case their contact details i.e. telephone number and address, and any relevant professional registration number must also be clearly stated on the certified copy.
- If the certified document includes photographic identification, you are also certifying that this is a good likeness of the applicant.
- If an application is made 'Face-to-Face' then there must be one piece of 'Personal Identity' and one piece of 'Evidence of Address' obtained to establish identity.
- If an application is made 'Non-Face-to-Face' (by post etc) then there must be one piece of Personal Identity and one piece of Evidence of Address obtained, plus a further document from either list to establish identity.
- No single document or data source must be used to verify both name and permanent address. Please ensure that at least one piece of ID contains the applicant's signature, where possible.
- Where an applicant has recently moved house, the previous address must be validated.

Name of applicant(s) \_\_\_\_\_

Is this application?     **Face to Face** or     **Non Face to Face** (please tick box as appropriate)

<b><u>Personal identity documents</u></b>	<b>Applicant</b>	Please tick	
		<b>1</b>	<b>2</b>
Current signed passport (black & white photocopy only) _____		<input type="checkbox"/>	<input type="checkbox"/>
Current full UK Driving Licence new or old style (photo-card required if new style) _____		<input type="checkbox"/>	<input type="checkbox"/>
Current provisional Driving Licence (new style with photo-card only. Old style not acceptable) _____		<input type="checkbox"/>	<input type="checkbox"/>
Disabled driver's blue pass _____		<input type="checkbox"/>	<input type="checkbox"/>
Current benefit book or original letter from Benefits Agency confirming the right to benefits or State Pension _____		<input type="checkbox"/>	<input type="checkbox"/>
Inland Revenue Tax Notification e.g. tax assessment, statement of account, notice of coding _____		<input type="checkbox"/>	<input type="checkbox"/>
EEA member state Identity Card _____		<input type="checkbox"/>	<input type="checkbox"/>
Residence Permit issued by Home Office to EU Nationals on sight of own country passport _____		<input type="checkbox"/>	<input type="checkbox"/>
Firearms or shotgun certificate _____		<input type="checkbox"/>	<input type="checkbox"/>
Current self employed construction workers photographic registration cards (C1S4, C1S5, C1S6) _____		<input type="checkbox"/>	<input type="checkbox"/>

<b><u>Documentary Evidence of Address</u></b>	<b>Applicant</b>	<b>1</b>	<b>2</b>
Voters roll _____		<input type="checkbox"/>	<input type="checkbox"/>
Recent utility bill dated within the last 3 months (not mobile phone bills) _____		<input type="checkbox"/>	<input type="checkbox"/>
Local Authority council tax bill (valid for current year) _____		<input type="checkbox"/>	<input type="checkbox"/>
Bank/Building Society statement dated within the last 3 months (no internet bank statements) _____		<input type="checkbox"/>	<input type="checkbox"/>
Most recent mortgage statement from a recognised lender _____		<input type="checkbox"/>	<input type="checkbox"/>
Appropriate Inland Revenue correspondence (if NOT already used to verify identity) _____		<input type="checkbox"/>	<input type="checkbox"/>
Current benefit book or original letter from Benefits Agency confirming the right to benefits (if NOT already used to verify identity) _____		<input type="checkbox"/>	<input type="checkbox"/>
Local council rent card or tenancy agreement _____		<input type="checkbox"/>	<input type="checkbox"/>

I, ..... (please sign & print name) on behalf of .....  
**Packager, confirm that the attached are copies of originals (or appropriately certified copies).**  
**My MCCB number/FSA registration number (delete as appropriate) is .....**