

Please complete a separate form for all parties to the contract (e.g. joint applicants, trustees, settlors and third parties) where you are required to undertake identification.

This includes Individual CVI's for directors/principal beneficial owners in connection with Increased Risk Business.

1. DETAILS OF CUSTOMER

Customer Type – (Delete as applicable) Sole Trader / Partnership / Limited Liability Partnership / Limited Company (Ltd/PLC) / Charity / Church / Club / Society / Local Authority / Government Department			
Customer Name (Full)			
Registration No. (e.g. Company No. Charity No.)		Regulating Organisation (if applicable)	
Operating Address (Location of business)		Registered Office in Country of Incorporation	
	Post Code		Post Code
Names of directors (or equivalent)			
Names of principal beneficial owners (over 25%)			

2. CONFIRMATION (please complete either Section A or Section B)

Section A
I/We confirm that:

(a) The information in section 1 above was obtained by me/us in relation to the customer **and**

(b) The evidence I/we have obtained to verify the identity of the customer:

Meets the standard evidence set out within the guidance for the UK Financial Sector issued by JMLSG; ✓ one box

OR

Exceeds the standard evidence (written detail of further verification evidence taken is attached to this confirmation).

OR

Section B
I have not verified the identity of the Applicant for the following reason(s):

This form must be signed by an officer of the Firm, who is authorised to confirm the accuracy and effectiveness of the firm's customer identification verification records, to which this form relates.

We cannot accept photocopies of completed forms.

Signed:	Full Name of Regulated Firm:
Name:	Name of Regulator:
Position:	Regulator Reference Number:
Date:	OR Standard Life Department/Branch:

3. IDENTIFICATION – Standard Life Use Only

Customer identity should be verified in line with our company procedures, and details of the checks made should be recorded in this section.

Document/Method	Reference Number	Supplier/Issue Office	Issue/Expiry/Check Date