

Confirmation of verification of identity

Private individual

How to fill out this form

Please use black ink and CAPITAL LETTERS or tick as necessary.

Any corrections must be initialled; do not use correction fluid.

Some information before you start

This form can't be used to verify the identity of any customer that falls into one of the following categories:

- those who are exempt from verification as being an existing customer of the introducing firm prior to the introduction of the requirement for such verification;
- those who have been subject to Simplified Due Diligence under the Money Laundering Regulations; or those whose identity has been verified using the source of funds as evidence.

Questions about this form?

If you have any questions about this form, you can call us on **0808 234 0808** between 8:00am and 6:00pm Monday to Friday. We might record your call to make sure our service is up to standard.

How to return this form

When you have finished the form print, sign and post it to us at:

**Prudential
Lancing
BN15 8GB**

A separate confirmation must be completed for each customer (e.g. joint holders, trustee cases and joint life cases). Where a 3rd party is involved, e.g. a payer of contributions who is different from the customer, the identity of that person must also be verified, and a confirmation provided.

Section 1 – Details of individual

Full names

Surname

Current address

Previous address if individual has changed address in the last three months.

Previous address

Date of birth

D	D	M	M	Y	Y	Y	Y
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Section 2 – Confirmation

This confirmation **must** carry an original signature, or an electronic equivalent.

I/we confirm that

- (a) the information in section one above was obtained by me/us in relation to the customer;
- (b) the evidence I/we have obtained to verify the identity of the customer:

Please tick only one

- meets the standard evidence set out within the guidance for the UK Financial Sector issued by Joint Money Laundering Steering Group; or
- exceeds the standard evidence (written details of the further verification evidence taken are attached to this confirmation).

- (c) based on the knowledge I/we have gained of the customer we have:

Please tick only one

- no reason to believe that the tax residency self-certification requires any follow up action.
- reason to believe that the tax residency self-certification requires follow up action.

If follow up action is required, please indicate why

Signature

Date

D	D	M	M	Y	Y	Y	Y
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Full names

Position

Section 3 – Details of introducing firm (or sole trader)

Full name of regulated firm (or sole trader)

FRN (Firm Reference Number)