

Confirmation of verification of identity certificate

This questionnaire must be completed by an FCA Regulated or EU Regulated Introducer			
Please complete the certificate			
and complete a separate certificate for	Name of applicant*/trustee*/third party*/	Telephone number	
all parties to	power of attorney (in ruil)	Date of birth	
the contract (e.g. joint applicants,	Title Forenames	Nationality	
trustees, settlors and attorneys		Account number to which this certificate relates:	
acting under	Surname		
power of attorney and third parties	Address		
where you have been required to undertake identification).		Previous address if moved in last three months	
identification).			
* Delete as applicable. Beneficial owners	Postcode	Postcode	
must also be	I/We certify that:		
identified if different from (a) the information above was obtained by me/us in relation to the customer;		ation to the customer;	
the applicants.	(b) the evidence I/we have obtained to verify the identi	,	
.,	(tick one only)		
	meets the standard evidence set out within to UK Financial Sector issued by JMLSG; or	the guidance for the	
Please tick the standard evidence	exceeds the standard evidence (written details of the further verification evidence taken are attached to this confirmation).		
box if the case	This certificate cannot be used to verify the identity of any customer that falls into one of the following categories:		
is a face to face sale to a	 those who are exempt from verification as being an 	existing client of the introducing firm prior to the	
UK resident,	introduction of the requirement for such verification;		
otherwise the exceeds	 those whose identity has not been verified by virtue of the application of a permitted exemption under the Money Laundering Regulations; or 		
standards box	, , , , , , , , , , , , , , , , , , , ,		
should be ticked and supporting	, ,		
documentation			
sent in.			
Note this			
certificate must			
be signed by an officer of the	Adviser name, address and telephone number	Adviser code	
introducer firm,			
who is authorised to confirm the			
accuracy and			
effectiveness of the firm's		Financial Services Register number	
customer	Postcode		
identification	Telephone no.		
verification records, to which			
this certificate	Name of person completing this certificate	Job title	
relates.			
We cannot			
accept			
photocopies of completed	C	D .	
certificates.	Signature	Date	

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