

<p>For Intermediary Use</p> <p>Adviser's Name:</p> <p>Regulated Company Name & Address:</p> <p>Contact Number:</p> <p>FSA Number:</p>	<p>Company Stamp:</p>
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**CONFIRMATION OF VERIFICATION OF IDENTITY
PRIVATE INDIVIDUAL
INTRODUCTION BY AN FSA-REGULATED FIRM**

1 Details of individual

Clients full Name

Clients Current Address

Previous Address (if client has changed address in the last three months)	Date of Birth
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2 Confirmation

I/We confirm that

- (a) The information in section 1 above was obtained by me/us in relation to the client;
- (b) The evidence I/we have obtained to verify the identity of the client;
(tick one only)

Meets the standard evidence set out within the guidance for the UK Financial Sector issued by JMLSG; or	
Exceeds the standard evidence (written details of the further verification evidence taken are attached to this information)	

Signed	
Name	
Position	
Date	

Once completed please return this form along with certified copies of the Identity Verification Documents.