

NEW CLIENT/ VERIFICATION OF IDENTITY FORM

To be used for all correspondence including contracts, statements and payments

TITLE	FIRST NAMES (in full)
SURNAME	
ADDRESS	
POSTCODE	E-MAIL
TEL (HOME)	TEL (WORK)
TEL (MOBILE)	FAX

PILLING & CO ACCOUNT NUMBER (if applicable)	
DATE OF BIRTH	TOWN/CITY OF BIRTH
COUNTRY OF BIRTH	NATIONALITY
NATIONAL INSURANCE NUMBER	

SPECIAL INSTRUCTIONS
(registration details or third party instructions etc)

If this is a new account please indicate which type of account you wish to open

DISCRETIONARY	<input type="checkbox"/>
INVESTMENT MANAGED	<input type="checkbox"/>
EXECUTION ONLY DEALING	<input type="checkbox"/>
AD-HOC ADVISORY	<input type="checkbox"/>
NOMINEE ACCOUNT	<input type="checkbox"/>
DEPOSIT ACCOUNT	<input type="checkbox"/>

Please provide two forms of identification, one from each section below

VERIFICATION ON NAME

Inland Revenue Demand/Notification	<input type="checkbox"/>
Benefits Agency Notification	<input type="checkbox"/>
Full UK Passport (or certified copy)*	<input type="checkbox"/>
Full UK Driving Licence (or certified copy)*	<input type="checkbox"/>
Other	<input type="checkbox"/>

VERIFICATION OF ADDRESS

Utility Bill from last 3 months, not mobile phone	<input type="checkbox"/>
Bank/Credit Card Statement from last 3 months	<input type="checkbox"/>
Local Rent Demand (valid for current year)	<input type="checkbox"/>
Local Authority Tax Bill (valid for current year)	<input type="checkbox"/>
Other	<input type="checkbox"/>

* Certified copies must be signed by a professional person such as a policeman, solicitor, GP or accountant etc

I agree to Pilling & Co's Terms & Conditions which are enclosed or available on request

SIGNED:	DATE: / /
NAME	

VERIFICATION OF IDENTITY FORM (for office use only)

Exec	
Comm Code	
Split Code	
Share Rate	%

Internal/External	I	E
Agent 1		
Agent 2		
Agent 3		

CAL	Sent	Received
NAL	Sent	Received

AUTHORISATION

Is the above named person a pre April 1994 customer? No Yes

Please indicate the identification documents inspected - [1 to 5 for name and 6 to 10 for address]. If the client is an overseas resident, an institution or business refer to the AML procedures memo in your CAP file

Document	Tick Box	Reference Details	Information
1. Full UK Passport (Signed)	<input type="checkbox"/>	Passport Number	<input type="text"/>
2. Full UK Driving Licence (Signed)	<input type="checkbox"/>	Driver Number	<input type="text"/>
3. Benefits Agency Notification	<input type="checkbox"/>	National Insurance Number	<input type="text"/>
4. Inland Revenue Notification	<input type="checkbox"/>	National Insurance Number	<input type="text"/>
5. Other (eg. Firearms Certificate)	<input type="checkbox"/>	Other information	<input type="text"/>
6. Utility Bill e.g. gas, electricity, phone etc (showing name and address)	<input type="checkbox"/>	Utility Name and A/C Number	<input type="text"/>
7. Bank or Building Society Statement (showing name and address)	<input type="checkbox"/>	Sort Code and A/C Number	<input type="text"/>
8. Recent Mortgage Statement	<input type="checkbox"/>	Society and A/C Number	<input type="text"/>
9. Council Tax Demand	<input type="checkbox"/>	Bill Number	<input type="text"/>
10. Local Authority Rent Card	<input type="checkbox"/>	Name of Authority	<input type="text"/>

Further checks recommended to avoid impersonation:

	Tick Box	Special Comments
Correspondence return from customer address	<input type="checkbox"/>	<div style="border: 1px solid black; height: 150px;"></div>
Payment from EU bank a/c in clients name	<input type="checkbox"/>	
Traced in local telephone directory	<input type="checkbox"/>	
Traced on voters roll/electoral register	<input type="checkbox"/>	
Telephone contact on independently verified home number	<input type="checkbox"/>	

NB. If a customer is unable or refuses to verify their identity by any of the methods indicated then please seek further advice from the MLRO, a Partner or Manager.

I confirm I have, where appropriate, personally inspected the documents indicated above and verify that the name and address of the customer is as shown on the documents and certified copies placed in the clients file.

Signature	Date
Name	