

assured

administrative solutions

Date of request

Company formation request

Proposed name of company

CHLOECONNOR.

Type of company

£1 share capital, limited liability, incorporated in England and Wales

Year end date

30 June assumed unless preference stated

Yes / No

Director / shareholder details

Full name

MARK EDWARD PATRICK.

Address

5, LONG ROW, CASTLE EATON
SWINDON, WILTSHIRE SN6 6LB

Occupation

GARDENER

Date of Birth

06/07/65

Place of Birth

LUTON

National insurance number

NH205565C.

Passport number

PATRI607065ME9XC 10

Telephone number

01285-810911

Mobile number

07933-149881

email

mep1@hotmail.co.uk.

Fee received

Amount

Yes / No

Further comments

Signed by Client

I have read the assured Terms of business and agree to them.

I hereby consent to becoming a Director of the new company.

Name and signature



MARK PATRICK.

Name and signature of Introducer

Name and signature

contact number

assured use

Date and time received

Actioned - client/introducer notified

Please return this form to:
Assured Administration Solutions Limited
46 Jamaica Street
Liverpool
L1 0AF

info@dlbsmd.co.uk

Client Due Diligence/Verification Questionnaire

Purpose of questionnaire

Under international guidelines and regulations for the prevention of money-laundering we undertake due diligence on all clients prior to the acceptance of any business.

In addition to the completion of this form, please provide ALL of the documents listed in the Client Due Diligence Guidance Notes and Checklist.

Please provide the following details

* Full name MARK EDWARD PATRICK

Previous name(s) (example maiden name) _____ Date _____

1 _____

2 _____

3 _____

* Address 5, LONG ROW
CASTLE EATON, SWINDON
WILTSHIRE SN6 6LB

How long have you lived at this address? 4 months

* If your answer is less than three years, please state all the addresses that you have lived at in the last three years including the dates. If you need more room, please attach another sheet.

Address 2, SEVEN BRIDGES COTTAGES
WATER EATON, SWINDON
WILTSHIRE SN6 6JS

Dates between which you lived at this address
December 06 - March 2014.

Address _____

Dates between which you lived at this address _____

Nationality BRITISH

* Date of birth 06/07/65

Place of birth LUTON

Country of domicile ENGLAND

Are you a US citizen, US national or have any other connection to the US? (a person is a US citizen by birth or naturalisation)

☐ Yes ☒ No

Telephone number 01285-810911

* Mobile number 07933-149881

Email mepl@hotmail.co.uk

Occupation GARDENER

Name of employer _____

* Are you self employed?

☒ Yes ☐ No

If you answer 'Yes' to any of the questions in this section, please give full details on a separate sheet.

Have you ever been convicted of a criminal offence?

☐ Yes ☒ No (if 'Yes' please give details)

Have you been the subject of any criminal or civil litigation anywhere in the world?

☐ Yes ☒ No (if 'Yes' please give details)

Have you ever been subject to a tax investigation by any authority in the world?

☐ Yes ☒ No (if 'Yes' please give details)

Have you ever held any public positions?

☐ Yes ☒ No (if 'Yes' please detail these positions fully on another sheet and attach hereto)

☐ Pension transfer

(please provide written explanation)

Built up during
working life.

I confirm that the information is correct to the best of my knowledge and belief and authorise Assured Administrative Solutions Limited to verify it and to contact my referee. I also confirm that I am acting in my personal capacity and not on behalf of any third party.

Client specimen signature



Dated

21/8/14

Appendix A

Glossary

Assured Administrative Solutions Limited reserves the right to request documentary evidence of the explanations provided if deemed appropriate to do so. Assured Administrative Solutions Limited also reserves the right to request further documentation in addition to that provided in relation to any part of this Questionnaire if it is necessary to fulfill its due diligence requirements.

Client Due Diligence Guidance notes & Checklist

Please ensure that you have completed the questionnaire in its entirety and attached all documents listed hereunder. If the due diligence is incomplete we will be unable to proceed with a business relationship until such a time as it has been obtained.

Documents to be submitted

(Please tick box to indicate that each document is attached)

1. Certified copy passport

Please provide an original certified copy of your passport

Attached ☐

2. Address verification

Please provide a utility bill to verify your address. This must be no more than three months old and must be either an original utility bill or a copy of an original certified utility bill

Attached ☐

Each document must be certified following the below policy

Assured Administrative Solutions Limited reserves the right to request documentary evidence of the explanations provided. Furthermore Assured Administrative Solutions Limited reserves the right to request further documentation in addition to that provided in relation to any part of the application form.

Suitable Certifiers' Policy

A suitable certifier is someone who meets one or more of the following criteria:

- a member of the judiciary, a senior civil servant, or a serving police or customs officer;
- an officer of an embassy, consulate or high commission of the country or territory of issue of documentary evidence of identity;
- a lawyer or notary public who is a member of a recognised professional body;
- an actuary who is a member of a recognised professional body;
- an accountant who is a member of a recognised professional body;
- a member of the Institute of Chartered Secretaries and Administrators; or
- a director or officer of an approved financial services business.

The certification wording must be on the same page as the certified copy (exceptions are made for notarised documents where a seal has been used). The certification wording must read:

Identification Document (Passports, ID Cards etc.):

"I certify that I have **seen the original document** and that the copy provided is **a complete and accurate copy** of that original and the document **represents a true likeness** of the named individual."

Utility Bill / Other Documents:

"I certify that I have **seen the original document** and that the copy provided is **a complete and accurate copy** of that original"

There is discretion as to the wording, however the key elements (in bold above) must be present and the Compliance Officer / Manager will have the final say.

Finally, the certifier must include the following information on the same page as the certification and signature:

- 1) Their full name in print;
- 2) The capacity in which they are signing i.e. qualification, job title etc.;
- 3) Contact address (PO Box addresses will not suffice);
- 4) Contact telephone number; and
- 5) Date.