VERIFICATION OF IDENTITY FORM FOR PRIVATE INDIVIDUALS

Please complete both sides of the form Note: Send page one only to the product provider

Please complete a separate certificate for all parties to the contract (e.g. joint applicants, trustees, settlors and third parties) where you have been required to undertake identification.

1. DETAILS OF INDIVIDUAL

Name of Applicant*/Trustee*/Third-Party (provide relationship to the applicant)* (in full)

*Delete as applicable

•	VALERIE	Lynn Do	3311			
Date of Birth	7 12 47	Nationality	Br	2171541	Normal Country of Residence	טוע .
Current Address	EAST MONT KEIGHLEY WEST YOU BOZO ST	-ων	·	Previous ad the last thre	dress if applicant has ch e months	nanged address in

2. CONFIRMATION

FACE TO FACE/NON FACE TO FACE APPLICATION *

I/WE CONFIRM THAT (please tick the box beside either Section A or Section B)

*Delete as applicable

Section A		
· •	ction 1 above was obtained by me/us in relation to the customer; e obtained to verify the identity of the customer:	and the second s
	set out within the guidance for the UK Financial Sector issued by	
exceeds the standard evidence attached to this confirmation)	e (written details of the further verifications evidence taken are	
Section B I/We have not verified the idea	ntity of the Applicant for the following reason(s):	
C. II No of Downlated Circuit	DMD Circusial (LD	
Full Name of Regulated Firm:	RMP Financial LLP	
Name of Regulator:	Financial Services Authority	
Regulator Reference Number:	534520	i

Signed*:

Name:

Position:

Date:

14/1/14

Note that this certificate must be signed by the person who has seen the original documentary evidence.

Company Stamp:

RMP Financial LLP

Monkswell House, Manse Lane Knaresborough, HG5 8NQ FSA No: 534520

Evidence of Full Name and either Residential Address or Date of Birth (Government issued with photograph)	Reference/ account number					Certified copy attached?(2)
Current Signed Passport or EEA State Identity Card	506525367	Issuing Authority/ PJ Country	Place (+cos	Date TIN 4 of Birth	ነ _{Date} 28/၅/ነጊ of Expiry	Y&3
Resident Permit issued to EU nationals by Home Office					Date of Expiry	
Current UK Photo Driving Licence (including Blue Disabled Driver's Pass)			i de la companya di Salaharan di Salaharan di Salaharan di Salahar	a de la grapo de de la companya de La companya de la companya de	Date of Issue	
Firearms/ shotgun certificate		Issuing Authority			Date of Issue	

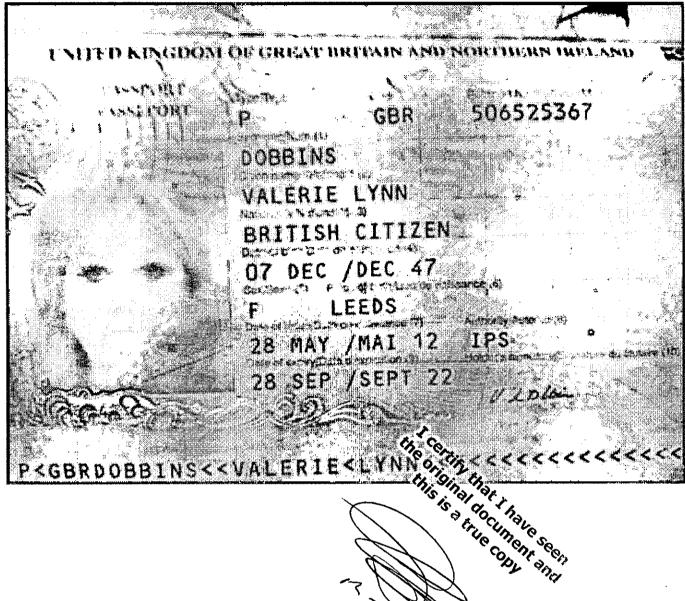
Evidence of Full Name and either Residential Address or Date of Birth (Government issued without photograph)	Reference/sort code/account number				Certified copy attached? (2)
State Pension or Benefits Book/ notification letter		Issuing Authority		Date of Issue	
Sub-contractors Certificate (2)		Issuing Authority		Date of Issue	
Inland Revenue tax notification		Type: Tax assessment/Statement of Acc Coding (3)	ount / Notice of	Date of Issue	
Current Full UK Driving Licence (old style)				Date of Issue	
Current Local Authority Tax bill		Name of Authority	Address current/ previous*	Date of Issue	
Local Authority rent card or tenancy agreement		Name of Authority	Address current/ previous*	Date of Issue	
Electoral roll check (5)				Date of Check	
Secondary Document(non Government issued)				The second secon	
Home Visit			Premises Entered?	Date 141 MH of Visit	
Solicitor letter confirming completion of house purchase or land registration (4)				Date of letter	
Most Recent Mortgage Statement		Name of Lender	Address current/ previous*	Date of issue	
Bank/building society/credit union statement		Name of Issuer	Address current/ previous*	Date of Issue	
House or motor insurance certificate		Name of Issuer	Address current/previous*	Date of Issue	
Utility Bill (not mobile phone)		Name of Utility	Address current/ previous*	Date of Issuer	

*delete as applicable

What is the client's source of wealth? (eg inheritance, divorce settlement, property sale etc)

Notes Other forms of evidence may be accepted by some providers; if in doubt please enquire.

- (1) If attaching certified copies of the evidence please also record the relevant details on this sheet as this will help with record keeping in the event that copy documents become detached from the certificate.
- (2) For self-employed persons in the construction industry tax exemption certificate with photograph (C1S4 and C1S6)
- (3) Please delete as appropriate. Please note that a P45 or P60 issued by an employer are not acceptable for this purpose.
- (4) You must submit a certified copy of the search if you are relying on this as evidence
- (5) The previous address should also be verified if the applicant has been at the current address for less than 3 months.



Monkswell House, Manse Land No. 534520 8NO. 534520 8NO.

VERIFICATION OF IDENTITY FORM FOR PRIVATE INDIVIDUALS

Please complete both sides of the form Note: Send page one only to the product provider

Please complete a separate certificate for all parties to the contract (e.g. joint applicants, trustees, settlors and third parties) where you have been required to undertake identification.

1. DETAILS OF INDIVIDUAL

Name of Applicant*/Trustee*/Third-Party (provide relationship to the applicant)* (in full)

*Delete as applicable

JOHN ANTHONY DOBBINS								
Date of Birth	9/3/47	Nationality	Bn	Typa	Normal Country of Residence	نار		
Current Address	10 OTLAY MOUNT CAST MONTON KEIGHLEY WEST YONKUNINE BOLO STD				dress if applicant has chee months	nanged address in		

2. CONFIRMATION

Castian D

FACE TO FACE/NON FACE TO FACE APPLICATION *

I/WE CONFIRM THAT (please tick the box beside either Section A or Section B)

*Delete as applicable

Section A	
(a) the information in section 1 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:[tick only one]	
meets the standard evidence set out within the guidance for the UK Financial Sector issued by JMLSG;	V
exceeds the standard evidence (written details of the further verifications evidence taken are attached to this confirmation)	

Tick	
------	--

Section B
I/We have not verified the identity of the Applicant for the following reason(s):

Full Name of Regulated Firm:	RMP Financial LLP
Name of Regulator:	Financial Services Authority
Regulator Reference Number:	534520

	~~
Signed*:	
Name:	アフェルシン
Position:	MARAGING PARTMEN
Date:	14/1/14

Note that this certificate must be signed by the person who has seen the original documentary evidence.

Company Stamp:

RMP Financial LLP

Monkswell House, Manse Lane
Knaresborough, HG5 8NQ
FSA No: 534520

Evidence of Full Name and either Residential Address or Date of Birth (Government issued with photograph)	Reference/ account number					Certified copy attached?(2)
Current Signed Passport or EEA State Identity Card	10220234	Issuing IPS Authority/ Country	Place LEEOS of Birth	Date 9/3/47 of Birth	Date でき/コ/ጊጊ of Expiry	Yes.
Resident Permit issued to EU nationals by Home Office		a dimensi didi	Palaniero Luidillos		Date of Expiry	
Current UK Photo Driving Licence (including Blue Disabled Driver's Pass)					Date of Issue	
Firearms/ shotgun certificate		Issuing Authority			Date of Issue	

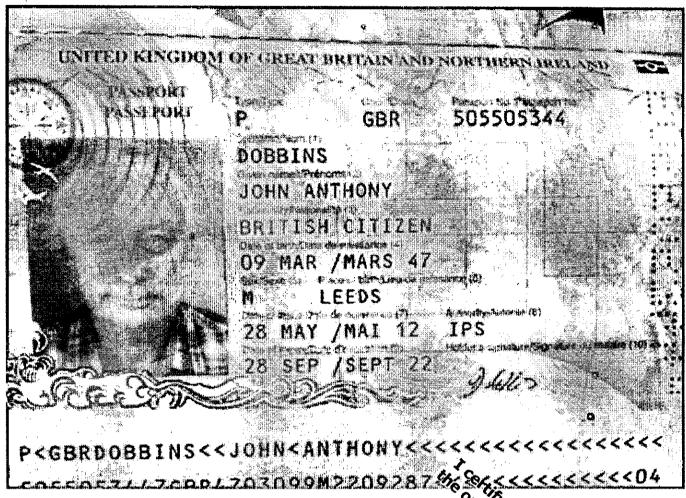
Evidence of Full Name and either Residential Address or Date of Birth (Government issued without photograph)	Reference/sort code/account number				Certified copy attached? (2)
State Pension or Benefits Book/ notification letter		Issuing Authority		Date of Issue	
Sub-contractors Certificate (2)		Issuing Authority		Date of Issue	
Inland Revenue tax notification		Type: Tax assessment/Statement of Acc Coding (3)	ount / Notice of	Date of Issue	
Current Full UK Driving Licence (old style)				Date of Issue	
Current Local Authority Tax bill		Name of Authority	Address current/ previous*	Date of Issue	
Local Authority rent card or tenancy agreement		Name of Authority	Address current/ previous*	Date of Issue	
Electoral roll check (5)				Date of Check	Substitution of the second
Secondary Document(non Government issued)					
Home Visit			Premises Entered?	Date /4////4 of Visit	
Solicitor letter confirming completion of house purchase or land registration (4)				Date of letter	
Most Recent Mortgage Statement		Name of Lender	Address current/ previous*	Date of issue	
Bank/building society/credit union statement		Name of Issuer	Address current/ previous*	Date of Issue	
House or motor insurance certificate		Name of Issuer	Address current/previous*	Date of Issue	
Utility Bill (not mobile phone)		Name of Utility	Address current/ previous*	Date of Issuer	

*delete as applicable

What is the client's source of wealth? (eg inheritance, divorce settlement, property sale etc)

Notes Other forms of evidence may be accepted by some providers; if in doubt please enquire.

- (1) If attaching certified copies of the evidence please also record the relevant details on this sheet as this will help with record keeping in the event that copy documents become detached from the certificate.
- (2) For self-employed persons in the construction industry tax exemption certificate with photograph (C1S4 and C1S6)
- (3) Please delete as appropriate. Please note that a P45 or P60 issued by an employer are not acceptable for this purpose.
- (4) You must submit a certified copy of the search if you are relying on this as evidence
- (5) The previous address should also be verified if the applicant has been at the current address for less than 3 months.



More the configuration of the