

Identity Verification Certificate - private individual

Throduction by PRA authorised and FCA and PRA regulated firm			
1. DETAILS OF INDIVIDUAL (see explanatory notes below)			
First Name	WILLIAM	Middle Name Date of Birth	DAUID 18/04/61
Address	21 BARLOW CLOSE WELEATLEY, OXFORD	Previous address	if the individual has changed address in the last three months:
Postcode	OX33 INL		
2. CON	FIRMATION		
 the information in section 1 above was obtained by me/us in relation to the customer; in providing this Identity Verification Certificate, I/We consent to Metro Bank relying on the customer due diligence undertaken in accordance with Regulation 17 of the Money Laundering Regulations; original documentary evidence was seen; the evidence I/we obtained to verify the identity of the customer: (tick only one) The evidence I/we obtained to verify the identity of the customer: (tick only one) The evidence I/we obtained to verify the identity of the customer: (tick only one) The evidence I/we obtained to verify the identity of the customer: (tick only one) The evidence I/we obtained to verify the identity of the customer: (tick only one) The evidence I/we obtained to verify the identity of the customer: (tick only one) The evidence I/we obtained to verify the identity of the customer: (tick only one) The evidence I/we obtained to verify the identity of the customer: (tick only one) The evidence I/we obtained to verify the identity of the customer: (tick only one) The evidence I/we obtained to verify the identity of the customer: (tick only one) The evidence I/we obtained to verify the identity of the customer: (tick only one) The evidence I/we obtained to verify the identity of the customer: (tick only one) The evidence I/we obtained to verify the identity of the customer: (tick only one) The evidence I/we obtained to verify the identity of the customer: (tick only one) The evidence I/we obtained to verify the identity of the customer: (tick only one) The evidence I/we obtained to verify the identity of the customer: (tick only one) The evidence I/we obtained to verify the identity of the customer: (tick only			
Full Name of Regulated Firm SAPPHIRE FINANCIAL SOLUTIONS Financial Services Register Number 524-292			
Signed for a	and on wehalf of aforementioned Regulated Firm	Name Date	NOMIN 15/09/16.
4. EXPLANATORY NOTES 1. A separate confirmation must be completed for each customer (e.g. joint holders, trustee cases and joint life cases). Where a third party			

- is involved, e.g. a payer of contributions who is different from the customer, the identity of that person must be verified, and a confirmation
- 2. This form cannot be used to verify the identity of any customer that falls into one of the following categories:
 - . those who are exempt from verification as being an existing client of the introducing firm prior to the introduction of the requirement for such verification;
 - those who have been subject to simplified due diligence under the Money Laundering Regulations; or
 - those whose identity has been verified using the source of funds as evidence.