

Identity Verification Certificate

Please complete both sides of the form.

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

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

*Delete as applicable

SIMON CROOK

Date of Birth

12/1/58

Current Address

40 WEST ROAD
BRAMSBURY
B60 2NQ

Previous address if applicant has changed address in the last three months

FACE-TO-FACE/NON-FACE-TO-FACE APPLICATION*

I/WE CERTIFY THAT (please tick the box beside EITHER Section A OR Section B)

*Delete as applicable

Section A

I/We have verified the identity of the Applicant and, having:

- a) seen the original documents,
 - b) checked that any requiring a signature were pre-signed, and
 - c) confirmed that any associated photograph of the applicant bore a good likeness to the applicant.
- have included the relevant reference information or certified documentary evidence on/with this certificate.

Tick

Section B

~~I/We have~~ verified the identity of the Applicant for the following reason(s):

MLR ELECTRONIC CHECK.

Tick

Full Name of Regulated Firm:

Pension Practitioner .Com Ltd

Name of Regulator:

HMRC

Regulator Reference Number:

12527917

Signed*

Name:

GAVIN MCCLOSKEY

Position:

ADMINISTRATOR

Date:

20/10/10

Company Stamp:

Pension Practitioner .Com Limited
33-35 Daws Lane
Mill Hill
London NW7 4SD

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

Identity Verification Certificate

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

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

^{*}Delete as applicable

RICHARD MALTSHOME

Date of Birth

19/2/63

Current Address

67 SOUTHBRIDGE ROAD
BROMSGRAVE
B61 0AC

Previous address if applicant has changed address in the last three months

FACE-TO-FACE/NON-FACE-TO-FACE APPLICATION^{*}

^{*}Delete as applicable

I/WE CERTIFY THAT (please tick the box beside EITHER Section A OR Section B)

Section A

I/We have verified the identity of the Applicant and, having:

- a) seen the original documents,
 - b) checked that any requiring a signature were pre-signed, and
 - c) confirmed that any associated photograph of the applicant bore a good likeness to the applicant.
- have included the relevant reference information or certified documentary evidence on/with this certificate.

Tick

Section B

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

MLR ELECTRONIC CHECK.

Tick

Full Name of Regulated Firm:

Pension Practitioner . Com Ltd

Name of Regulator:

HMRC

Regulator Reference Number:

12527917

Signed^{*}:

Name:

GAVIN MCCLOSKEY

Position:

ADMINISTRATOR

Date:

20/10/10

Company Stamp:

Pension Practitioner . Com Limited
33-35 Daws Lane
Mill Hill
London NW7 4SD

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

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

^{*}Delete as applicable

MRS SARAH CROOK

Date of Birth

4/5/59

Current
Address

40 WEST ROAD
BROMS GROVE
WORKS. B60 2NQ.

Previous address if applicant has changed address
in the last three months

FACE-TO-FACE/NON-FACE-TO-FACE APPLICATION^{*}

^{*}Delete as applicable

I/WE CERTIFY THAT (please tick the box beside EITHER Section A OR Section B)

Section A

I/We have verified the identity of the Applicant and, having:

- a) seen the original documents,
 - b) checked that any requiring a signature were pre-signed, and
 - c) confirmed that any associated photograph of the applicant bore a good likeness to the applicant.
- have included the relevant reference information or certified documentary evidence on/with this certificate.

Tick

Section B

~~We~~ have ~~not~~ verified the identity of the Applicant for the following reason(s):

MLR ELECTRONIC CHECK.

Tick

Full Name of Regulated Firm:

PENSION PRACTITIONER.COM LTD

Name of Regulator:

FMA

Regulator Reference Number:

12527917

Signed^{*}:

Name:

Position:

ADMINISTRATOR

Date:

Company Stamp:

Pension Practitioner .Com Limited
33-35 Daws Lane
Mill Hill
London NW7 4SD

^{*} Please note that this certificate must be signed by the person who has seen the original documentary evidence.

Identity Verification Certificate

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

Name of Applicant^{*}/Trustee^{*}/Third Party (provide relationship to the applicant)^{*} (In full)

^{*}Delete as applicable

DONALD MACE

Date of Birth

21/3/64

Current Address

35 STUART ROAD
HALESOWEN.
W.MEDS. B62 0ED

Previous address if applicant has changed address in the last three months

FACE-TO-FACE/NON-FACE TO-FACE APPLICATION^{*}

I/WE CERTIFY THAT (please tick the box beside EITHER Section A OR Section B)

^{*}Delete as applicable

Section A

I/We have verified the identity of the Applicant and, having:

- a) seen the original documents,
 - b) checked that any requiring a signature were pre-signed, and
 - c) confirmed that any associated photograph of the applicant bore a good likeness to the applicant.
- have included the relevant reference information or certified documentary evidence on/with this certificate.

Tick

Section B

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

MLR ELECTRONIC CHECK.

Tick

Full Name of Regulated Firm:

PENSION PRACTITIONER.COM LTD

Name of Regulator:

FIMRC

Regulator Reference Number:

12527917

Signed^{*}:

Name:

GAVIN MCCUSKEY

Position:

ADMINISTRATOR

Date:

28/10/2010

Company Stamp:

Pension Practitioner .Com Limited
33-35 Daws Lane
M11 4HH
London NW7 4SD

^{*} Please note that this certificate must be signed by the person who has seen the original documentary evidence.