Please complete both sides of the form.

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

| Name of Applicants/Trustees/Third Party (provide relationship t | to the applicant)* (in full) *Delete as applicable |
|--|--|
| SIMON CROOK | |
| Date of Birth 12 1 5 4 | |
| Current 40 WEST ROPO Address Brows Grave 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 | |
| Section A | Tick |
| 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 | 4 (|
| c) confirmed that any associated photograph of the applicant | bone a good likeness to the applicant. |
| have included the relevant reference information or certified do | cumentary evidence on/with this |
| certificate. | |
| Section B | Tick, |
| We have the verified the identity of the Applicant for the follows: | wing reason(s): |
| • | · . |
| MLR ELECTROPIC CHECK. | |
| Full Name of Regulated Firm: PENSION BREATHONE | a con exc |
| | |
| Regulator Reference Number: 12527917 | 1 |
| Haguistic reference Humber 125 2 1111 | |
| | Company Stamp: |
| Name: GAVIN MCCOSICLY | Pension Practitioner . Com Limited |
| Position: Aprillist Aprill | 33-35 Daws Lane |
| Date: 20 10 10 · | Mill Hill London NW7 4SD |
| *Please note that this certificate must be signed by the person | i |
| *Please note that this certificate must be signed by the publicate must be signed by the signed by the publicate must be signed by the | i i |

| Please com | plote | 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.

| | | | ip to the applicant)* (in full) | *Delete as applicab |
|---|---|--|--|-----------------------|
| - BICKE | SAO MARTSHO | me | | |
| Date of Birth | 19/2/63 | | ı | |
| Current Address | Broms GROVE. BROMS GROVE. BG(. OAC | GE 1200 | Previous address if applicant in the last three months | t has changed address |
| FACE-TO-FAC I/WE CERTIF1 | E/NON-FACE-TO-FACE APP THAT (please tick the box | LICATION* beside EITHER Secti | ion A OR Section B) | *Delete as applicat |
| b) seen the b) chacked to c) confirme have included certificate. Section B | | ire were pre-signed, ograph of the applica ormation or certified | nt bore a good likeness to the application on the specific documentary evidence on with this | |
| MLR | ELECTROPIC CH | eck. | ea lon Wil | |
| Name of Reg | | بدر | | |
| Signed*: Name: Position: | Jan Mech barn Mech Aprinistrator | عزادهم | Company Stamo: | · |

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 Appl | icant*/Tructoe*/T | nird Perty (provide relationship | to the applicant)* (in full) | *Delete as applicable |
|-----------------------------|--|---|--|-----------------------|
| W | 25 SAR | PH CORDOK | | |
| Date of Birth | 4151 | 59 | · . | |
| Current Address | Brows | | Previous address if applicant ha in the last three months | s changed address |
| | MOCKS | - B60.2NQ | | |
| FACE-TO-FACE | E/NON-FACS-TO-F THAT (please ticl: | ACE APPLICATION® the box beside ETHER Section | on A OR Section B) | *Delete as applicable |
| Section A | ified the identity o | f the Applicant and, having: | | Tick |
| a) seen the (| original document | s, ; | | |
| | | signature were pre-signed, as | nd It bone a good likeness to the applican | |
| | | | socumentary syldence on/with this | |
| Section B | verified the ident | ity of the Applicant for the folk | owing reason(s): | Tick, |
| MLRE | ELECTOSA . | CHECK. | | |
| Full Name of | Ragulated Firm: | Pension Prinziriave | ea. Com LYd | |
| Name of Reg | | HMRC | | |
| Regulator Ref | lerence Number: | 1252717 | | |
| Signed*: | | | Company Stamp: | |
| Name: Position: ¢ |) prysis7A6 | 1x | Pension Practition 33-35 Daws Lan Mill Hill London NW7 45 | _ |
| "Please note who has see | that this certifical n the original doc | e must be signed by the personnentary evidence. | on | |

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.

| 1 1 2 1 2 1 V | MACE | |
|--|--|--|
| | | |
| Date of Birth (2) | 13 64 | · |
| Current 35 | STYART ROMO LESOWEN. | Previous address if applicant has changed address in the last three months |
| 200 | MEDZ. BES DE | (O) |
| ACE-TO-FACE/NON-F WE CERTIFY THAT (F | FACE TO-FACE APPLICATIONS please tick the box beside EITHER Sect | *Delete as application A OR Section B) |
| Section A | | Tick |
| We have verified the | identity of the Applicant and, having: | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |
| seen the original of | docunents, | |
| checked that any | requiring a signature were pre-signed, | and |
| confirmed that an | w associated photograph of the applica | ant bore a good likeness to the applicant. |
| | | |
| | evant reference information or cardinac | documentary evidence on/with this |
| certificate. | evant reference information or cerumed | documentary evidence on/with this |
| Section B | the identity of the Applicant for the fo | Tick |
| Gection B | | Tick |
| entificate. Section B We have exceptified MLR ELECT | d the identity of the Applicant for the fo | pilowing reason(s): |
| entificate. Section B We have exceptified MLR ELEC- Full Name of Regulat | the identity of the Applicant for the fo | pilowing reason(s): |
| ertificate. Foction B We have rescverified ML2 ELEC- Full Name of Regulator. | the identity of the Applicant for the for the force of th | Tick, billowing (eason(s): |
| Feeting B We have see verified MLR ELECT Full Name of Regulation Regulator Reference | the identity of the Applicant for the formation of the Applicant for the App | Tick, billowing (eason(s): |
| Section B We have reserverified MLR ELECT Full Name of Regulat Name of Regulator Regulator Reference | the identity of the Applicant for the formation of the Applicant for the A | Flowing reason(s): |
| Section B We have the verificate. ML2 ELEC- Full Name of Regulator. Regulator Reference Signed*: LAN Name: LAN | the identity of the Applicant for the formation of the Applicant for the App | Company Stamo: Pension Practitioner .Com Limited 33-35 Daws Lane |
| Section B We have the verificate. ML2 ELEC- Full Name of Regulator. Regulator Reference Signed*: LAN Name: LAN | the identity of the Applicant for the formation of the Applicant for the A | Company Stamo: Pension Practitioner .Com Limited |
| Full Name of Regulation Regulator Reference Signed*: Name: Position: A OTHER Cate: 18 | the identity of the Applicant for the formation of the Applicant for the formation of the Firm: Pension Final Final Market 125 27917 | Company Stamo: Pension Practitioner .Com Limited 33-35 Daws Lane Mill Hill London NW7 4SD |