

## 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

MR ALEXANDER STEVENSON

Date of Birth

28-2-74

Current  
Address

3rd floor  
21A FOLEY ST.  
LONDON  
SW1W 6DS

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):

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:

7/10/2010

Company Stamp:

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

Evidence of Name	Reference/Account Number	Issuing Authority /Country	Place of Birth	Date of Birth	Date of Expiry	Certified copy attached? (2)
Current signed passport or EEA Member State Identity Card	099134668					✓
Resident permit issued to EEA nationals by Home Office					Date of Expiry	
Current UK or EEA photo driving licence (1)					Date of Issue	
Current full UK driving licence (old style) (1)					Date of Issue	
Firearms/shotgun certificate		Issuing Authority			Date of Issue	
State pension or benefits book/Notification letter (1)		Issuing Authority			Date of Issue	
Sub-contractor's certificate (3)		Issuing Authority			Date of Issue	
Inland Revenue tax notification		Type: Tax Assessment/Statement of Account/ Notice of Coding (4)			Date of Issue	

Evidence of Address (6)	Reference/Sort Code/ Account Number	Name of Lender / Authority / Issuer	Current/Previous Address*	Date of Issue	Certified copy attached? (2)
Home visit			Premises entered? Y/N	Date of Visit	
Solicitor letter confirming completion of house purchase or land registration (5)				Date of Letter	
Electoral roll check (5)				Date of Check	
Most recent mortgage statement		Name of Lender	Current/Previous Address*	Date of Issue	
Current local authority tax bill		Name of Authority	Current/Previous Address*	Date of Issue	
Local authority rent card or tenancy agreement		Name of Authority	Current/Previous Address*	Date of Issue	
Bank/Building society/Credit union statement		Name of Issuer	Current/Previous Address*	Date of Issue	
House or Motor Insurance Certificate		Name of Issuer	Current/Previous Address*	Date of Issue	
Utility bill (not mobile phone)	50038814979	Name of Utility BUTLIN GAS	Current/Previous Address*	Date of Issue	6/9/16.
Current UK or EEA photo driving licence (1)			Current/Previous Address*	Date of Issue	
Current full UK driving licence (old style) (1)			Current/Previous Address*	Date of Issue	
State pension or benefits book/Notification letter (1)		Issuing Authority	Current/Previous Address*	Date of Issue	