## **Identity Verification Certificate**

Please complete both sides of	the	torm
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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						
HENE	LAGE 50	nd scenedean	)			
Date of Birth	30/3/	78.				
Current Address	Previous address if applicant has chain the last three months  SES. 944.					
	365.42	<b></b>				
		FACE APPLICATION* k the box beside EITHER	Section A O	R Section B)	*Delete as applicable	
Section A					Tick	
l/We have veri	fied the identity	of the Applicant and, hav	ring:			
a) seen the c	original documer	ıts,				
b) checked th	nat any requiring	a signature were pre-sig	ned, and			
				a good likeness to the applica	nt,	
have included certificate.	the relevant refe	erence information or cer	tified docum	entary evidence on/with this		
Section B	verified the ider	atity of the Applicant for t	he following	reason(s):	Tick	
Full Name of i	Regulated Firm:	PENSION PRACT	MONER	. Com CTD		
Name of Regulator: +\m\RC						
Regulator Refe	erence Number:	12527917	22.00			
	1		-			
Signed*:	full	/		Company Stamp:		
Name: (.	saria me	closice				
Position: (	DOMINETA	eral				
Date:	7/10/10.	2 100 100 100 100 100 100 100 100 100 10				
		te must be signed by the umentary evidence.	e person			

Evidence of Name	Reference/Account Number	200 - 100000 - 10000 - 11 - 12 - 12		4.4			Certified copy attached? (2)	
Current signed passport or EEA Member State Identity Card		Issuing Authority /Country	Place of	Birth	Date of Birth	Date of Expiry		
Resident permit issued to EEA nationals by Home Office			is.			Date of Expiry		
Current UK or EEA photo driving licence (1)		ε				Date of Issue		
Current full UK driving licence (old style) (1)						Date of Issue		
Firearms/shotgun certificate	<i>০</i> ০০হৰত ইয়	Issuing MET Authority ROUG	4ce :	3/ <del>3</del> 8.	30/3/78	Date of Issue	Yes	
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 Assessm Notice of Coding (	/pe:Tax Assessment/Statement of Account/ otice of Coding (4)					
Evidence of Address (6)	Reference/Sort Code Account Number	e/					Certified copy attached? (2)	
Home visit				Premise: Y/N	s entered?	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 Lende	er	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 Autho	ority	Current/Previous Address*		Date of Issue		
Bank/Building society/Credit union statement		Name of Issue	r	Current/Previous Address*		Date of Issue		
House or Motor Insurance Certificate	200000000000000000000000000000000000000	Name of Issue	r	Current/l Address		Date of Issue		
Utility bill (not mobile phone)	69853765	Name of Utility	<i>(</i>	Current/l Ad <del>dress</del>		Date of Issue	Nais.	
Current UK or EEA photo driving licence (1)				Current/l Address	Previous *	Date of Issue		
Current full UK driving licence (old style) (1)				Current/l Address		Date of Issue		
State pension or benefits book/Notification letter (1)		Issuing Author	ity	Current/l Address		Date of Issue		