Identity Verification Certificate

Dioaco	complete	hoth	sides	of	the	form
PIPASE	CHINDDE	DOM	3inco	v	£110	101

who has seen the original documentary evidence.

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 Applic	cant*/Trustee*/T	hird Party (provide relation	nship to the ap	plicant)* (in full) "L	eiete as applicable	
JOHN	? CEVENS	BOASHSH 40				
Date of Birth	3013/7	Q .				
Current Address	FLAT 3. Previous address if applicant has chain the last three months in the last three months Lindon Lindon Lindon Lindon				anged address	
FACE-TO-FACE	/NON-FACE-TO- THAT (please tick	FACE APPLICATION* < the box beside EITHER S	Section A OR S		Delete as applicable	
Section A	fied the identity	of the Applicant and, havi	ng:		Tick	
	original documen					
		a signature were pre-sign	ned, and			
				good likeness to the applicant,		
have included certificate.	the relevant refe	erence information or certi	ified document	ary evidence on/with this		
Section B I/We have not	verified the ider	tity of the Applicant for th	ne following rea	ison(s):	Tick	
Full Name of	Regulated Firm:	PERSON PRACE	n noner.	form LTD		
Name of Regu	ulator:	HmRC				
Regulator Ref	erence Number:	12527917.		<u> </u>		
Signed*:	full			Company Stamp:		
Name: (dame: GAUM MCCOSKEY:			Pension Practitioner .Com Limited		
Position:	POMINISTR	A674		33-35 Daws Lane Mill Hill		
Date:				London NW7 4SD		
*Please note	that this certification	ate must be signed by the	e person			

Evidence of Name	Reference/Account Number					Certified copy attached? (2)
Current signed passport or 3c	6032947.	Issuing Authority /Country	Place of Bi	rth Date of Birth	Date of Expiry	
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					Date of Issue	
Jicence (old style) (1) -irearms/shotgun certificate		Issuing Authority			Date of Issue	
State pension or benefits		issuing Authority			Date of issue	
book/Notification letter (1) Sub-contractor's certificate (3)		Issuing Authority			Date of Issue	
Inland Revenue tax notification		Type: Tax Assessn Notice of Coding	nent/Statemer (4)	nt of Account/	Date of Issue	
Evidence of Address (6)	Reference/Sort Coo Account Number	ie/				Certified copy attached? (2)
Home visit			10	Premises entered? Y/N	Date of Visit	
Solicitor letter confirming completion of house purchase or land registration (5)		The state of the s			Date of Letter	
Electoral roll check (5)					Date of Check	
Most recent mortgage stateme	nt	Name of Len	der	Current/Previous Address*	Date of Issue	
Current local authority tax bill		Name of Aut	Name of Authority Current/Previous Address*		Date of Issue	
Local authority rent card or		Name of Authority Current/Previous Address*		Date of Issue		
tenancy agreement Bank/Building society/Credit union statement	1120373	Name of Issu		Current/Previous Address*	Date of Issue	14/4/10
House or Motor Insurance Certificate		Name of Issu		Current/Previous Address*	Date of Issue	
Utility bill (not mobile phone)		Name of Util	lity	Current/Previous Address*	Date of Issue	
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 Auth	ority	Current/Previous Address≍	Date of Issue	