

Identity Verification Certificate - private individual

roduction by r		A SALAS AND STATE	j .
1. DETA	ILS OF INDIVIDUAL (see explanatory not	tes below)	
First Name	ANDREW	Middle Name	Guy
Surname	PASTRE	Date of Birth	03/05/68·
		Previous addres	is if the individual has changed address in the last three months:
Address	82 WALMER ROAD,		
	LOVESTOP, SMFFOLK		
	11400 075		
Postcode	NL33 740.		
Z. CON	FIRMATION		
exceed	ds the standard customer due diligence requirements (writte nation).	en details of the f	urther verification evidence taken are attached to this
3. DETA	ILS OF INTRODUCING FIRM (or sole tra	der)	
Full Name of R	legulated Firm		
<	Sapphire Francial Solution	Sic	***************************************
Financial Servi	ces Register Number		
	N 524292		
Signed for	and on behalf of aforementioned Regulated Firm	Name	
	M	Davi	id Nicklin
Positio			1810717
A EVDI	ANATORY NOTEC		

- 1. A separate confirmation must be completed for each customer (e.g. joint holders, trustee cases and joint life cases). Where a third party is involved, e.g. a payer of contributions who is different from the customer, the identity of that person must be verified, and a confirmation
- 2. This form cannot be used to verify the identity of any customer that falls into one of the following categories:
 - . those who are exempt from verification as being an existing client of the introducing firm prior to the introduction of the requirement for such verification;
 - those who have been subject to simplified due diligence under the Money Laundering Regulations; or
 - those whose identity has been verified using the source of funds as evidence.