

Cranfords
Office 12
Venture Wales Building
Pentrebach
Merthyr Tydfil
CF48 4DR

Date: 14 March 2023
Our Ref: VAN/04248270
Helpline: 0800 408 2065
Your Ref:

Dear Sir/Madam,

Vanguard Investment UK Limited
Reference Number: 2371
Client Name: Cranfords

We are writing because we need some additional documentation from you.

Anti-money laundering regulations require us to maintain up-to-date client information on an ongoing basis and where relevant obtain details of controllers and beneficial owners.

Please find enclosed a list of documents, which are required to verify your organisation based on the entity type. To help us meet our regulatory and legal requirements, please send us the stated item(s), along with the provided documentation slip, as soon as possible. We may contact you for further information.

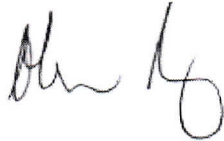
If, however, your entity has been classified incorrectly, please contact us immediately so that we can amend our records accordingly and request alternative verification documents from you where necessary.

Anti-money laundering regulations prevent us from processing certain instructions, releasing withdrawal proceeds, or in some cases accepting contributions without having first verified the investor and any third parties registered against the account.

If you have not yet made an investment with us, to comply with data protection regulations we will remove your details from our records if you do not provide the requested documentation. We would like to thank you in advance for your co-operation.

If you need any further information please call a member of our team on 0800 408 2065.

Yours faithfully,



Ollie Rabley
Chief Operating Officer, Finance

Enclosure(s): AML Doc Slip
 ML Docs Corporate Guide
 BO & Controller Guidelines
 BO & Controller Details
 Trust Details form
 AML Assurance Letter

AML Documentation Slip

Please return this page with your documentation.

Client Reference: 2371

Client name: Cranfords

Client address: Office 12
Venture Wales Building
Pentrebach
Merthyr Tydfil
CF48 4DR

If certified, please arrange for the certifier to provide the following details:	
Certifier name:	
Signature:	
Job title:	
Date:	
Business telephone number:	
Business address:	

DOCUMENTATION GUIDELINES FOR CORPORATE ENTITIES

Please provide certified copies of the documents shown below. Do not send originals of documents.

For UK/EU/EEA regulated companies, copies must be certified and dated by an authorised signatory or company secretary within the firm. For all other entities, copies must be certified and dated by an independent professional or regulated person subject to the anti-money laundering regulations and include the signature, name and position of the person signing. The certification must be dated within the last 6 months.

For Cranfords

Private Corporate Company

We require:

- ☐ Certificate of Incorporation (or equivalent)
- ☐ Memorandum and Articles of Association (or equivalent)
- ☐ Confirmation of Senior Manager(s) responsible for operations
- ☐ Full List of Directors, Shareholders, Beneficial Owner(s) and Person(s) of Significant Control (PSC); including full name, residential address and date of birth of each individual – please note we may attempt electronic verification checks and request verification documents where required. See Beneficial Owner and Controller Guidelines for more information
- ☐ Up-to-date structure chart, including ownership percentages
- ☐ Up-to-date Authorised Signatories list

Protect My Universe Ltd RBS

Regulated or Registered Occupational Pension Scheme

Please note this will be registered in the name(s) of the Trustee(s), which will be verified in their own right.

We require:

- ☐ Full registered name and address of the Pension Scheme
- ☐ Full details of the Pension Administrator, including full registered name, address and regulatory reference/Companies House number – please note we may attempt electronic verification checks and request verification documents where required
- ☐ Where applicable, full details of the Corporate Trustee(s), including full registered name(s), address(es) and regulatory reference number(s) – please note we will attempt electronic verification checks and may also request verification documents where required
- ☐ Where applicable, full details of the Individual Trustee(s), including full name, residential address and date of birth of each individual – please note we will attempt electronic verification checks and may also request verification documents where required
- ☐ Excerpt of the Trust Register to evidence relevant registration (available from 2020)
- ☐ Confirmation of company (employer) name and registered address
- ☐ Evidence of HMRC or Pension Regulator registration, including PSTR reference, or Pension Scheme Incorporation Documents and Trust Deed (or latest Deed of Amendment)
- ☐ Up-to-date Authorised Signatories list

BENEFICIAL OWNER AND CONTROLLER GUIDELINES

In the case of a body corporate, other than a company listed on a regulated market, the beneficial owner includes any individual who:

- exercises ultimate control over the management of the body corporate; or
- ultimately owns or controls (whether through direct or indirect ownership or control, including through bearer share holdings or by other means) more than 25% of the shares or voting rights in the body corporate; or
- otherwise controls the body corporate

For example, if no individual owns or controls more than 25% of the shares or voting rights in the body, firms should use judgement in determining whether an individual owning or controlling a lower percentage exercises effective control.

Guidance on the meaning of other forms of significant influence and control is available for companies: www.gov.uk/government/news/people-with-significant-control-psc-who-controls-your-company

For applicants who are body corporates or partnerships please provide details below of any natural person(s) that directly own or control more than 25% of the voting rights in the body or partnership or who own or are entitled to more than 25% of its capital or profits.

Should the applicant not be directly owned by a natural person(s), please send details of the ownership structure to us and upon receipt we will advise you of any further information that may be required from you.

Information provided will be validated accordingly and we may be required to obtain further details or documentation from you, depending on the information provided.

Beneficial Owner and Controller Details (Individuals)

Name of account holder(s)

Client reference (if known)

Name & Title:

Date of birth:

Capacity/ies*:

%

Name & Title:

Date of birth:

Capacity/ies*:

%

Permanent Residential Address:

Permanent Residential Address:

* e.g. Beneficiary, Partner, Shareholder, Director, PSC etc

Name & Title:

Date of birth:

Capacity/ies*:

%

Name & Title:

Date of birth:

Capacity/ies*:

%

Permanent Residential Address:

Permanent Residential Address:

* e.g. Beneficiary, Partner, Shareholder, Director, PSC etc

Please provide any additional information on a separate page.

Declaration

All beneficial owners and other associated parties are known to me/us and I/we undertake to make those named above aware that they may be subjected to the same data protection and money laundering verification provisions as outlined in the terms and conditions.

Applicant's Signature

Date

Applicant's Signature

Date

Beneficial Owner and Controller Details (Corporate Entities)

Name of account holder(s)

Client reference (if known)

Corporate name:

Capacity/ies*:

Corporate name:

Capacity/ies*:

Business Address:

Business Address:

* e.g. Corporate Trustee, Director, etc

Corporate name:

Capacity/ies*:

Corporate name:

Capacity/ies*:

Business Address:

Business Address:

* e.g. Corporate Trustee, Director, etc

Please provide any additional information on a separate page.

Declaration

All beneficial owners and other associated parties are known to me/us and I/we undertake to make those named above aware that they may be subjected to the same data protection and money laundering verification provisions as outlined in the terms and conditions.

Applicant's Signature

Date

.....
.....

Applicant's Signature

Date

.....
.....

TRUST DETAILS

For applicants acting as Trustee(s) (or similar), please provide details of all Settlor(s) (even if deceased), any further Trustees or others (including Protectors) that have any control over the management of the trust or arrangement, and any named individuals or classes that have a potential entitlement to 25% or more of the property of the trust assets (even where discretion exists).

Name of account holder(s) :		Client reference (if known)					
Title & Full Name	Permanent Residential Address	Date of Birth	Capacity (tick as applicable)* :				
			Trustee	Settlor	Beneficiary	Protector	Controller

**If the capacity of an individual has not been provided, please write clearly what capacity they hold within the organisation.*

If there are more individuals then please provide their details on a separate sheet of paper and enclose with this form. Please note that all of the details requested above will need to be stated clearly for each individual. Please also be aware that we will require an original or correctly certified copy of an Extract of the Trust Deed to complete our checks.

Declaration

All individuals named on this form are known to me/us and I/we undertake to make those named above aware that they may be subjected to the same data protection and money laundering verification provisions as outlined in the terms and conditions.

Applicant's Signature	Applicant's Signature
Date	Date

Letter of Assurance Guidelines

Under UK Money Laundering Regulations we may be able to apply a simplified level of due diligence where certain requirements are met, such as dealing with a regulated entity.

Your organisation does not appear to be regulated, therefore please either:

1. Complete the enclosed form confirming the UK / EU / EEA regulated entity you are governed by and supply an organisation chart to enable us to apply simplified due diligence, or
2. If you are not governed by a UK / EU / EEA regulated entity, please provide supporting documentation that can be used to satisfy our anti-money laundering requirements. We may contact you for further information.

Please note that until we receive this information we will withhold any applicable repurchase proceeds. There may also be a delay in the acceptance of any further funds until our requirements have been satisfied.

Client Name:
Client Number / UH ID / Reference:

Letter of Assurance

Full name of nominee / wholly owned subsidiary:

.....

Registered Address of firm:

.....

Full name of **regulated parent**:

.....

Full address of **regulated parent**:

.....

Regulators name (e.g. UK - FCA):

.....

Regulators Reference Number:

.....

Please ensure this form is signed by a Director or the MLRO of the parent company if in the UK, or an equivalent person if outside of the UK. By signing this you are confirming that the above nominee / unregulated subsidiary firm is governed by your organisation for anti-money laundering purposes and subject to your policies and procedures. Also, that it is the subject of regular reviews and audits confirming that they apply anti-money laundering standards equivalent to the Joint Money Laundering Steering Group (in the UK) and / or 4th EU Anti-Money Laundering Directive, as amended from time to time, or equivalent legislation.

Completed By:

Signed: **Name (PRINT):**

Date: **Position (PRINT):**