**ANNEX 5-I/4**

**CONFIRMATION OF VERIFICATION OF IDENTITY**

**CORPORATE AND OTHER NON-PERSONAL ENTITY**

***INTRODUCTION BY AN FSA-REGULATED FIRM***

1. **DETAILS OF CUSTOMER (see explanatory notes below)**

|  |  |
| --- | --- |
| **Full name of customer** |  |
| **Type of entity**  **(corporate, trust, etc)** |  |
| **Location of business**  **(full operating address)** |  |
| **Registered office in country of incorporation** |  |
| **Registered number, if any (or appropriate)** |  |
| **Relevant company registry or regulated market listing authority** |  |
| **Names \* of principal beneficial owners (over 25%)** |  |

**\*And dates of birth, if known**

1. **CONFIRMATION**

**I/we confirm that**

1. **The information in section 1 above was obtained by me/us in relation to the customer;**
2. **The evidence I/we have obtained to verify the identity of the customer: [tick only one]**

|  |  |
| --- | --- |
| **Meets the guidance for standard evidence set out within the guidance for the UK Financial Sector issued by JMLSG; or** |  |
| **Exceeds the standard evidence (written details of the further verification evidence taken are attached to this confirmation).** |  |

1. **Based on the evidence I/we have obtained to verify the identity of the customer we have:**

|  |  |
| --- | --- |
| **No reason to believe that the tax residency self- certification requires any follow up action** |  |
| **Reason to believe that the tax residency self-certification requires follow up action** |  |

**If follow up action is required, please indicate why**

**………………………………………………………………………………………………………………………………**

|  |  |
| --- | --- |
| **Signed:** |  |
| **Name:** |  |
| **Position:** |  |
| **Date:** |  |

1. **DETAILS OF INTRODUCING FIRM (OR SOLE TRADER)**

|  |  |
| --- | --- |
| **Full Name of Regulated Firm (or Sole Trader):** |  |