

Introduction Certificate

For use by Intermediaries introducing UK-resident private individuals.
Please complete a separate form for all parties to the contract who are required to undertake identification verification.



1. Applicant's Details

Title		Surname		Forenames	
Address					
Postcode		Date of Birth			

2. Contact type *(tick one box only)*

Face-to-face	<input type="checkbox"/>	Requires one document from Section 3 and one from Section 4	<input type="checkbox"/>
Non face-to-face	<input type="checkbox"/>	Requires two documents from Section 3 and two from Section 4	<input type="checkbox"/>

3. Evidence of Identity

Please tick box relating to evidence seen and either complete details **or** attach certified copy of documents.

Evidence	Details			
Current Full Passport (signed)	Passport No.		Country of Issue	
	Expiry Date			
National ID card	Card No.		Country of Issue	
Current Full UK Driving Licence or Provisional Photo Driving Licence	Driving Licence No.			
	Expiry Date			
HM Revenue & Customs (HMRC) Tax Notification	Tax Ref. No.		HMRC Office	
Firearms Certificate	Ref. No.		Police Station	
2 of any Bank Credit/Debit/Cheque Cards <i>(from different providers)</i>	Sort Code & Account No. (1)			
	Bank/Building Society Name (1)			
	Sort Code & Account No. (2)			
	Bank/Building Society Name (2)			

4. Evidence of Address

Please tick box relating to evidence seen and either complete details **or** attach certified copy of documents.

Evidence	Details			
Utility Bill or Annual Statement of Utilities (not mobile phone)	Ref. No.			
	Utility Co. Name			
Bank/Building Society/ Credit Union Statement or Passbook	Sort Code & Account No.			
	Bank/Building Society Name			
Council Tax Bill	Ref. No.		Council Name	
HM Revenue & Customs (HMRC) Document	Tax Ref. No.		HMRC Office	
Home Visit by Member of Staff	Address Visited			
		Postcode		
	Name of Staff Member who conducted visit			

5. I /We certify that:

- I/we confirm that we have verified the identity of the applicant named in section 1 using original documentation specified in sections 3 and 4. I/we confirm also that we have sighted the original documents and that any requiring a signature were pre-signed.
 - I/we confirm that all documents obtained were current at the time of receipt.
- AND
- I/we enclose an account opening form completed as requested together with any additional 'know your customer' information.
 - I/we confirm that the applicant(s) is/are applying on their own behalf and not as a nominee, trustees or in a fiduciary capacity for any other person.

Full Name of Regulated Firm

FSA Regulatory No.

Client Name

Signed *(must be person who has seen the original documentary evidence)*

Name

Position

Date

Please return the signed and dated application form to the relevant office:**Scotland & Northern Ireland**

Ground Floor
4 Albyn Place
Edinburgh
EH2 4NG
Tel: 0131 220 0353
Fax: 0131 220 0369
E-mail: scotland@hornbuckle.co.uk

North

Cotton Court
Middlewich Road
Holmes Chapel
Cheshire CW4 7ET
Tel: 0845 345 7505
Fax: 01477 539209
E-mail: north@hornbuckle.co.uk

Midlands & South

Tyman House
42 Regent Road
Leicester LE1 6YJ
Tel: 0845 345 2555
Fax: 0116 254 3342
E-mail: midlands@hornbuckle.co.uk

London

Ground Floor
Dolphyn Court
10-11 Great Turnstile
London
WC1V 7JU
Tel: 020 7269 6939
Fax: 020 7269 6930
E-mail: london@hornbuckle.co.uk