

Document Certification Form

Application Number/s	
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Name of Customer/s	1.
	2.
	3.
	4.

ID and Residency documents must be certified individually, all other documents can be certified using this form. Anti-Money Laundering Guidelines are available [here](#).

Document	Customer	Details (e.g. 3 months bank statements)
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		

I certify that:

- ▶ All documents listed above are true copies of the originals, which I have seen.
- ▶ All copies of documents provided are clear and legible.
- ▶ If any of the documents display the 16 digit account number of a credit/debit card, these numbers have been blanked out with a black marker pen, prior to submission. This is to safeguard customer payment card data and to fulfil PCI DSS requirements.

Full certifier's name (<i>please print</i>)		Certification stamp
Role		
Company name		
FCA number		
Signature	Date	