

Banker's Confirmation Request Form

Personal Banking

Please complete Part One of this Banker's Confirmation Request Form in BLOCK CAPITALS.

PART ONE		
Banking Details – To be completed b	ov vou	
Name and address of your bank		
		tcode/Zipcode
Date		
Dear Sir/Madame Your Customer		Account Number
In accordance with your customer's consent,	as detailed below, we would be gra	ateful for your assistance as follows:
Verification of identity – To be comp	eleted by you	
We request for your verification of the identi	ty of your customer, as recommend	ded by the Guidance Notes relating to the
prevention of Money laundering in the United	d Kingdom:	
Title Surname	First names(s)	
Sex Date of birth	Nationality	
Residential Address		
Customer Consent — To be complete I authorize Skrill Limited to request confirmat Full Name	ion of the details above and a bank	
PART TWO		
Verification Request Response – To	be completed by your Bank	
Banker – Please Complete Part Two.		
We confirm that the name, residential ad	dress, date of birth and sample sig	nature match those in our records.
What is the length of your relationship with t	he customer? Years	
For and on behalf of		Bank Stamp
Signed		
Name		
Position Date		