Verification of Identity Certificate

Introduction by an FSA Regulated Firm

Please complete this certificate to confirm your client’s identity. This is required by us to meet anti money laundering requirements.

Important Information

• A separate certificate must be completed for each client (e.g. joint holders, trustee cases and joint life cases). If the payments for the

client are being made by a third party, the identity of that person must also be verified and confirmation provided in a separate certificate.

• This certificate cannot be used to verify the identity of any client that falls into one of the following categories:

– those who are exempt from verification as being an existing client of the introducing firm prior to the introduction of the requirement for such verification;

– those who have been subject to Simplified Due Diligence under the Money Laundering Regulations; or

– those whose identity has been verified using the source of funds as evidence.

• This certificate must carry an original signature.

• We reserve the right to request a copy of the evidence you use to verify the identity of your client.

Part A Private Individual

{personname}

Name of individual

Current address

{personaddress}

Postcode

{personzipcode}

Phone Number

{personphone}

{persondob}

Date of Birth

Part B Non Private Individual

{companyname}

Full name of client

Type of entity

{companytype}

{companyid}

Registered number

(if appropriate)

Relevant company registry\* or regulated market listing authority

{companyregistry}

Business

{companyaddress}

address

\*Relevant company registry includes other registers, such as those maintained by charity commissions (or equivalent) or chambers of commerce.

Postcode

{companyzipcode}

Country of incorporation

{companycountry}

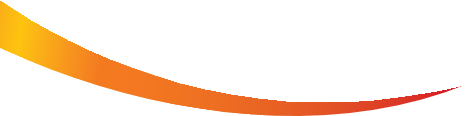
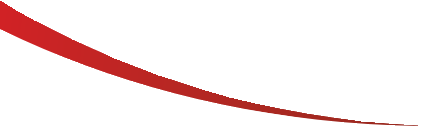
Names of directors

{companydirectors}

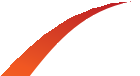
(or equivalent)

Names of principal beneficial owners (over 25%)

{companyshareholders}



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Part C Confirmation

I/We confirm that the information completed in Part A or Part B was obtained by me/us in relation to the client. Please mark ✖ in one box only:

The evidence I/we have obtained meets the standard requirements which are

defined within the guidance for the UK Financial Sector issued by Joint Money Laundering Steering Group (JMLSG); or

The evidence I/we have obtained exceeds the standard requirements and I/we have attached the further evidence I/we used to verify the identity of my/our client to this form.

Firm Name

FSA Individual Reference Number

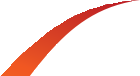
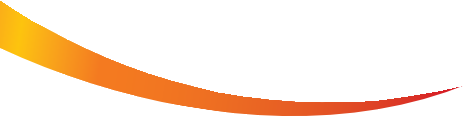
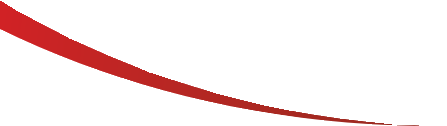
{fsarefnumber}

{firmname}

FSA Firm Reference Number

Authorised Signature (must be signed by the RI)

1004529837



Registered Individual (RI)

{companycountry}

{currentdate}

Date

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