

Confirmation of Verification of Identity

Private Individual

How to fill out this form

Please use black ink and CAPITAL LETTERS or tick as necessary.

Any corrections must be initialled; do not use correction fluid.

About this form

If you have any questions about this form, you can call us on **0808 234 0808** between 8.00am and 6.00pm Monday to Friday. We might record your call to make sure our service is up to standard.

Please return both pages of this form to: **Prudential, Lancing BN15 8GB**

A separate confirmation must be completed for each customer (e.g. joint holders, trustee cases and joint life cases). Where a 3rd party is involved, e.g. a payer of contributions who is different from the customer, the identity of that person must also be verified, and a confirmation provided.

This form can't be used to verify the identity of any customer that falls into one of the following categories:

- those who are exempt from verification as being an existing customer 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.

Part 1 – Details of Individual

Full forenames

Surname

Current address

Postcode

Previous address if individual has changed address in the last three months.

Previous address

Postcode

Date of birth

D	D	M	M	Y	Y	Y	Y
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Part 2 – Confirmation

This confirmation **must** carry an original signature, or an electronic equivalent.

I/we confirm that

- (a) the information in section 1 above was obtained by me/us in relation to the customer;
- (b) the evidence I/we have obtained to verify the identity of the customer:

Please tick only one

- meets the 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).

(c) based on the knowledge I/we have gained of the customer we have:

Please tick only one

- 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

Signature

Date

D	D	M	M	Y	Y	Y	Y
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Full Name

Position

Part 3 – Details of Introducing Firm (or Sole Trader)

Full name of Regulated Firm (or Sole Trader)

FRN (Firm Reference Number)