



**Money Laundering Regulations 2007 (as updated) and the
London Local Authorities Act 2007 (where Applicable)**

We would be grateful if you would take the time to complete the following form. We are required to verify the identity of both you and your business. This is a statutory obligation imposed on us under the Money Laundering Regulations 2007 (as updated) and where applicable the London Local Authorities Act 2007 which relate to Mail Forwarding Businesses. We will check against other databases (public or otherwise) to verify the information provided by you. By signing the form you give us the authority to do this.

Data Protection Act 1998 (the Act)

The information on this form will be used to verify the identity of both you and your business. The information will be held on our client file and accounting and database systems. It will only be passed to the other group companies and its trading partners for use exclusively in connection with the provision of registered and/or virtual office address/mail forwarding services. It will not be passed to any other party without your express permission unless we are required to do so by law or regulation. We will store the information and our verifications thereof in accordance with relevant legislation (which currently means for a period of five years from when you cease to have a contractual relationship with FOSVA), after which it will be destroyed. The act confers rights to access to information we hold. Details are available on request.

In addition to providing your business details we will also require proof of personal identification for you as a director, partner or owner of the Business if for example you are a sole trader.



Please Complete in Full

Please tell us your business type by ticking the relevant box	
Private Sector	
Sole Trader <input type="checkbox"/>	Private Limited Company (Ltd) <input type="checkbox"/>
Partnership <input type="checkbox"/>	Public Limited Company (Plc) <input type="checkbox"/>
Social (Non Profit Making Organisation) (i.e. Charity/Trust/Union) <input type="checkbox"/>	
Public Sector	
Government/ Local Authority <input type="checkbox"/>	
OTHER: Please Specify _____	
Registered Name of Your Business <i>This is the only name we are able to receive post for</i>	
Registered Company Number	
VAT Number if registered in EU member state	
Company Website	
Registered Office (in Country of Incorporation) <i>e.g. as it appears on Companies House</i>	
Principal Trading Address <i>e.g. where you physically conduct business from on a day to day basis</i>	
Please provide a brief description of the nature of your business <i>If consultancy, please specify industry</i>	

Section B: Personal Details

1 st Director/Manager/Partner (please provide all directors' information if more than one)		
Your Position/Title		
Title (Mr/Mrs/Miss/Ms etc.)		
First Name (s)		
Surname		
Date of Birth (DD/MM/YYYY)		
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Telephone Numbers Home number MUST be provided for ID validation purposes	Home:	
	Work:	
	Mobile:	
E-Mail Address		
Current Residential Address (including Postcode)		
Time at address	Years:	Months:
If at current address for less than 2 years please provide previous address (including postcode)		
Time at address	Years:	Month:

Section B: Personal Details continued

2 st Director/Manager/Partner (please provide all directors' information if more than one)		
Your Position/Title		
Title (Mr/Mrs/Miss/Ms etc.)		
First Name (s)		
Surname		
Date of Birth (DD/MM/YYYY)		
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Telephone Numbers Home number <u>MUST</u> be provided for ID validation purposes	Home:	
	Work:	
	Mobile:	
E-Mail Address		
Current Residential Address (including Postcode)		
Time at address	Years:	Months:
If at current address for less than 2 years please provide previous address (including postcode)		
Time at address	Years:	Month:

Section C: Identity Documents

Business Identification

Please provide **at least one of the following** to confirm the identity of your business:

Partnership Deed	<input type="checkbox"/>
Confirmation of your business Regulation by 3 rd party Organisation (SRA/FSA/ICAEW)	<input type="checkbox"/>
Certification of incorporation (Private LTD Companies)	<input type="checkbox"/>
Confirmation of Public Ltd Company's listing on a regulated market	<input type="checkbox"/>

Other, Please state _____

In addition for London registered office please provide all the following:

- Letter from HMRC from last registered address if moving registered office
- Landline telephone number for directors/proprietors.
- A statement of what your company does.

Additional Business ID

In the case of a **Body Corporate** (limited company) a second document must be provided from List 2 below in order to verify the Registered Office address.

Proof of Registered Office for Body Corporate

Personal Identification

Please provide recent (dated within 3 months) and legible photocopies of **AT LEAST TWO** (one from List 1, one from List 2) of the following to confirm your own identity:

List 1

Photo Identification as Proof of Identity (certified):

Passport

National Identity Card

Driving Licence

HM Forces Identity Card

(Photo card & counterpart)

List 2

Proof of Residential Address within the last 2 months:
(provided both name and address is shown)

- | | | | |
|----------------------------------|--------------------------|---------------------------------|--------------------------|
| Gas or Electricity Bill | <input type="checkbox"/> | Council Tax Bill | <input type="checkbox"/> |
| Telephone (Landline Only) Bill | <input type="checkbox"/> | Bank/Building Society Statement | <input type="checkbox"/> |
| Water Bill | <input type="checkbox"/> | Pay Slip | <input type="checkbox"/> |
| Mortgage Statement | <input type="checkbox"/> | P45/P60 Statement | <input type="checkbox"/> |
| TV Licence | <input type="checkbox"/> | Current Benefit Book | <input type="checkbox"/> |
| Valid Insurance Certificate | <input type="checkbox"/> | Letter From The Benefits Agency | <input type="checkbox"/> |
| HM Revenue & Customs Coding | <input type="checkbox"/> | Credit Card/ Store Card Bill | <input type="checkbox"/> |
| Financial Statement(e.g. Pension | <input type="checkbox"/> | Other Proof Of Accommodation | <input type="checkbox"/> |

Virtual Office Requirements

- Registered Address (HMRC Purposes only)
- Virtual Office/Mail forwarding address
- Both VO & Registered address

Postal Requirements

Please select which postal service you require by ticking the relevant box:

- Forward Daily Collection
- Forward Weekly Other

Forwarding Address:

Forwarding Contact:

If different from section B please provide valid ID
and proof of residential address

Billing Requirements

You will be invoiced annually and the service will be automatically renewed. ***We require 2 weeks clear notice before expiry date to cancel if you require deposit to be reimbursed.***

Your Invoice address:

Please return this form together with your ID (certified copies) and the signed agreement and in the case of London addresses the bulleted points below, to the anne@freelanceofficeservices.co.uk following email:

- Proof of ID for all directors/proprietors (certified copy of your passport or UK driving license)
- Proof of home address and trading address for all directors/proprietors (utility bill within last 3 months/bank statement etc.)
- Copy of bank statement for business or a letter from the bank addressed to the company
- Letter from HMRC from last registered address if moving registered office
- Company registration number and certificate of incorporation if limited
- Landline telephone number for directors/proprietors.
- A statement of what your company does.

Please list any other trading names associated with the main company (ie where you file the same accounts) below. If you wish to have multiple company names registered with us you must complete a new form for each. Each name is chargeable and will receive 30% discount off a 2nd annual rate for each. Affiliates/reseller accounts etc. will be classed as separate companies and cannot be used as trading names of the main company listed in this form.

Trading Name of same limited company (must be registered at same address):

Signed (Director/Partner/Owner)	
Date	

