



Identification Declaration Form

FIRST APPLICANTTitle Mr Mrs Miss Ms Other First Name(s) Surname Present address Postcode Nationality **JOINT APPLICANT**Title Mr Mrs Miss Ms Other First Name(s) Surname Present address Postcode Nationality **APPLICATION REFERENCE NUMBER (if applicable)****DECLARATION:**

NOTE: This certificate must be signed by a person who has been authorised by their firm for this purpose and who has seen the original documentary evidence.

In order to confirm that you have identified the customer/s please confirm your agreement to the following declaration. (We reserve the right to request sight of the documentation seen to identify the customer/s.):

'I confirm that the evidence I/we have obtained to verify the identity of the customer at least meets the standard evidence set out within current guidelines for the UK Financial Sector issued by the JMLSG.'

Copies of identification documents are NOT required.

Full name of Financial Adviser Job Title Signature of Financial Adviser Date: **For office use only**

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