

**Company Name:**

**(In the name) - LLP or Limited Liability Partnership:**

**Registered Office Address:**

**Money Laundering Statement**

Please note that where you are acting for another person to form this company, Stanley Davis Group Ltd (SDG) is relying on you to have completed your due diligence and to have established the identity of your client in accordance with the requirements of the Money Laundering Regulations 2007. You further confirm that you are aware of and hereby consent to SDG relying upon the due diligence measures that you have undertaken and agree that should SDG request a copy of any of the verification documents or records that you have obtained, that you shall supply these to SDG, without question and in a timely manner.

<input type="checkbox"/> Member <input type="checkbox"/> Designated Member <sup>1</sup>	
Title:	
Forename(s):	
Surname:	
Name of Corporate officer (If applicable):	
Corporate Entity Registration Number (If applicable):	
Name of Authorised signatory for corporate (If applicable):	
Date of Birth:	
Residential Address:	Service Address (if applicable):
Post Code	Post Code
<b>Consent to Act</b> <input type="checkbox"/> I confirm that the person named above has consented to act in the position(s) indicated above	
<b>Confirmed by:</b> (Please enter the name of person completing the form)	

<sup>1</sup>**There must be a minimum of 2 designated members appointed for a LLP**

<input type="checkbox"/> Member <input type="checkbox"/> Designated Member <sup>1</sup>	
Title:	
Forename(s):	
Surname:	
Name of Corporate officer (If applicable):	
Corporate Entity Registration Number (If applicable):	
Name of Authorised signatory for corporate (If applicable):	
Date of Birth:	
Residential Address:	Service Address (if applicable):
Post Code	Post Code
<b>Consent to Act</b> <input type="checkbox"/> I confirm that the person named above has consented to act in the position(s) indicated above	
<b>Confirmed by:</b> (Please enter the name of person completing the form)	

<sup>1</sup>**There must be a minimum of 2 designated members appointed for a LLP**

<input type="checkbox"/> Member <input type="checkbox"/> Designated Member <sup>1</sup>	
Title:	
Forename(s):	
Surname:	
Name of Corporate officer (If applicable):	
Corporate Entity Registration Number (If applicable):	
Name of Authorised signatory for corporate (If applicable):	
Date of Birth:	
Residential Address:	Service Address (if applicable):
Post Code	Post Code
<b>Consent to Act</b> <input type="checkbox"/> I confirm that the person named above has consented to act in the position(s) indicated above	
<b>Confirmed by:</b> (Please enter the name of person completing the form)	

<sup>1</sup>***There must be a minimum of 2 designated members appointed for a LLP***

<input type="checkbox"/> Member <input type="checkbox"/> Designated Member <sup>1</sup>	
Title:	
Forename(s):	
Surname:	
Name of Corporate officer (If applicable):	
Corporate Entity Registration Number (If applicable):	
Name of Authorised signatory for corporate (If applicable):	
Date of Birth:	
Residential Address:	Service Address (if applicable):
Post Code	Post Code
<b>Consent to Act</b> <input type="checkbox"/> I confirm that the person named above has consented to act in the position(s) indicated above	
<b>Confirmed by:</b> (Please enter the name of person completing the form)	

<sup>1</sup>***There must be a minimum of 2 designated members appointed for a LLP***