

**Company Name:**

Please advise on the removal or the addition of the word 'Limited'

**Registered Office Address:**

Same Day Service     Normal Service

**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.

**NB: If this company is to be a CHARITY, 2 directors and 2 members (they can be the same individuals) must be appointed on incorporation.**

**Director and/or Secretary:**

Note: Private companies do not need a secretary and require only one director that is not a company

Director     Secretary

Title:

Forename(s):

Surname:

Name of Corporate officer (If applicable):

Name of Authorised signatory for corporate (If applicable):

Registration Number for this Corporate Entity (If applicable):

Date of Birth\*:

Nationality\*:

Occupation\*:

Residential Address:

Service Address (if applicable):

Post Code

Post Code

**Consent to Act**  I confirm that the person named above has consented to act in the position(s) indicated above

**Confirmed by:** (Please enter the name of person completing the form)

**\* Directors only to complete**

**Director**

Title:

Forename(s):

Surname:

Name of Corporate officer (If applicable):

Name of Authorised signatory for corporate (If applicable):

Registration Number for this Corporate Entity (If applicable):

Date of Birth\*:

Nationality\*:

Occupation\*:

Residential Address:

Service Address (if applicable):

Post Code

Post Code

**Consent to Act**  I confirm that the person named above has consented to act in the position(s) indicated above

**Confirmed by:** (Please enter the name of person completing the form)

**\* Directors only to complete**

<b>Director</b>	
Title:	
Forename(s):	
Surname:	
Name of Corporate officer (If applicable):	
Name of Authorised signatory for corporate (If applicable):	
Registration Number for this Corporate Entity (If applicable):	
Date of Birth*:	
Nationality*:	
Occupation*:	
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)	

*\* Directors only to complete*

<b>Member/Guarantor:</b>	
Title:	
Forename(s):	
Surname:	
Name of Corporate officer (If applicable):	
Name of Authorised signatory for corporate (If applicable):	
No. of shares to be allotted:	
Residential/Service Address:	
Post Code	
Personal Authentication Details (Please complete any three):	
The first 3 letters of town of birth:	
The last three digits of telephone number:	
Last 3 characters of NI number:	
The last three digits of passport number	
The first three letters of mother's maiden name	
The first three letters of eye colour	
The first three letters of father's first forename	

<b>Member/Guarantor:</b>	
Title:	
Forename(s):	
Surname:	
Name of Corporate officer (If applicable):	
Name of Authorised signatory for corporate (If applicable):	
No. of shares to be allotted:	
Residential/Service Address:	
Post Code	
Personal Authentication Details (Please complete any three):	
The first 3 letters of town of birth:	
The last three digits of telephone number:	
Last 3 characters of NI number:	
The last three digits of passport number	
The first three letters of mother's maiden name	
The first three letters of eye colour	
The first three letters of father's first forename	

<b>Member/Guarantor:</b>	
Title:	
Forename(s):	
Surname:	
Name of Corporate officer (If applicable):	
Name of Authorised signatory for corporate (If applicable):	
No. of shares to be allotted:	
Residential/Service Address:	
Post Code	
Personal Authentication Details (Please complete any three):	
The first 3 letters of town of birth:	
The last three digits of telephone number:	
Last 3 characters of NI number:	
The last three digits of passport number	
The first three letters of mother's maiden name	
The first three letters of eye colour	
The first three letters of father's first forename	