

Company Name:		
Company Name:		
(In the name) - LLP <u>or</u> Limited Liability Partnership:		
Pagistared Office Address		
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.		
☐ Member ☐ 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	
	has consented to act in the position(s) indicated above	
Confirmed by: (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		
☐ Member ☐ 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	
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)		

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

Member	Designated Member <sup>1</sup>	
Title:		·
Forename(s):		
Surname:		
Name of Corpo	rate officer (If applicable):	
Corporate Enti	ty Registration Number (If applicable):	
Name of Autho	rised signatory for corporate (If applicable	e):
Date of Birth:		
Residential Add	dress:	Service Address (if applicable):
Post Code		Post Code
Consent to Act		ove has consented to act in the position(s) indicated above
Confirmed by:	(Please enter the name of person complet	ting the form)
	a minimum of 2 designated members app	
☐ Member	Designated Member <sup>1</sup>	
Title:		
Forename(s):		
Surname:		
Name of Corpo	rate officer (If applicable):	
Corporate Enti	ty Registration Number (If applicable):	
Name of Autho	rised signatory for corporate (If applicable	e):
Date of Birth:		
Residential Add	dress:	Service Address (if applicable):
Post Code		Post Code
Consent to Act	I confirm that the person named about	ove has consented to act in the position(s) indicated above
Confirmed by: (Please enter the name of person completing the form)		

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