

Enhanced AML Check TENANT INFORMATION FORM

Lettings Agent Branch Ref:

Property Address

Full Name

Date of Birth

D	D	M	M	Y	Y
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Home Address

Time at address

Y	Y	M	M
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Tel. Number

Full Name

Date of Birth

D	D	M	M	Y	Y
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Home Address

Time at address

Y	Y	M	M
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Tel. Number

I/We hereby give permission for Identity Checks as prescribed by the HMRC "Money Laundering Regulations 2007: supervision of Estate Agency Businesses", and described at: <https://www.gov.uk/government/publications/april-2014-supervision-of-estate-agency-businesses-by-hmrc/april-2014-supervision-of-estate-agency-businesses-by-hmrc> to be completed and for the results to be shared with my Lettings Agent. I/We confirm that the information above to be true and I/We agree to pay £35 + VAT for the provision of the AML check

Signature

Today's Date

D	D	M	M	Y	Y
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Signature

Today's Date

D	D	M	M	Y	Y
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OFFICE USE ONLY

As the Lettings Agent acting on behalf of the above named Tenant(s), I can confirm that I:

- met the Tenant(s) in person no more than 2 months from the date shown below
- saw and copied the Tenant(s) original genuine and untampered Passport(s) and/ or Driving Licence(s)
- consider the photo ID(s) attached to be a good likeness of the Tenant(s)
- will only use the copy of the photo ID(s) to enable me to confirm the Tenant(s) identity
- witnessed the Tenant(s) signatures above
- believe the property rental to be in line with market expectations and have identified nothing suspicious about the transaction

If there are any boxes that you can not tick, please describe the reason below and escalate to Branch Manager.

Escalation Required

(See Escalation Chart and give reason below)

Lettings Agent Name (Reference)

Lettings Agent Signature

Today's Date

D	D	M	M	Y	Y
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Escalation Required Authorised

(See Branch Manager Decision Matrix and give reason below)

Branch Manager Name

Branch Manager Signature

Today's Date

D	D	M	M	Y	Y
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