

Money Laundering Regulations IFA Certificate

PLEASE USE BLOCK CAPITALS

STEP 1		PERSONAL DETAILS (For reference purposes)
Name of Applicant	<input type="text"/>	
Address	<input type="text"/>	
	<input type="text"/>	
	Post Code	
Plan Number (if known)	<input type="text"/>	
All additional applicants must complete a separate form. Please see note 1 overleaf.		

STEP 2	
<p>I/WE CERTIFY THAT in accordance with the provisions of the UK and Irish Money Laundering Regulations 1993 and the Guidance Notes for the Financial Sector as amended from time to time, (Please tick either A.1, A.2 or A.3.)</p>	
A.1	<input type="checkbox"/> the Applicant was an existing customer of ours as at 1 April 1994;* or
A.2	<input type="checkbox"/> we have verified the identity of the Applicant;* or
A.3	<input type="checkbox"/> we have undertaken limited verification of the identity of the Applicant, in accordance with the postal concession.*
*AND the Applicant's name and address as shown on the Application Form corresponds with our records;	
AND: (Please tick either B.1 or B.2):	
B.1	<input type="checkbox"/> the Applicant is applying on his/her own behalf and not as nominee, trustee or in a fiduciary capacity for any other person, OR
B.2	<input type="checkbox"/> the Applicant is acting as nominee/trustee/ <input type="text"/> for other person(s) whose identity has been established by me/us and appropriate documentary evidence to support the identification is held by me/us and can be produced on demand.
ALTERNATIVELY	
C.	I/We have not verified the identity of the Applicant.
Explanation	<input type="text"/>
	<input type="text"/>
	(please provide full details)

STEP 3**IFA DETAILS**

Full Name of Regulated Firm	<input type="text"/>
SIB Registration No. (if applicable)	<input type="text"/>
FSA Regulatory Body (if applicable)	<input type="text"/>
Signed	<input type="text"/>
Full Name	<input type="text"/>
Job Title	<input type="text"/>
Date	<input type="text" value="/ /"/>

STEP 4**NOTES ON COMPLETING THIS IFA CERTIFICATE**

1. The full name and address of the applicant must be given at the top of the Certificate. Where there is more than one applicant, a separate form must be completed for each. Where the applicant is a Trust (eg. in the case of a Trustee Investment), a separate certificate must be completed in respect of each Trustee whose identity has been verified.
2. Part A.1 should be completed by you, as IFA, where you had an existing business relationship with the Applicant as at 1 April 1994. You must ensure that the Regulations on business relationships are met.
3. Part A.2 should be completed by you when you have verified the identity and address of the applicant in accordance with the Regulations.
4. Part A.3 should be completed if you have utilised the postal concession in lieu of full verification of the identity and address of the applicant in accordance with the Regulations.
5. Part B.1 or B.2 should be completed to state whether the applicant is acting on his/her own behalf or as trustee/nominee on behalf of one or more third parties. If a trustee/nominee relationship applies, it is important that you have written confirmation from the trustee/nominee that the identity of the settlor and any named beneficiaries is known to them. If there are anonymous principals (i.e. settlors or beneficiaries), this should be stated in Part C.
6. Part C - should be completed if you have not confirmed the identity of the applicant. Please provide full details of the reason for this (eg. exempt transaction), in the space provided.
7. Please complete the name of your firm and provide the other details requested. Scottish Mutual International will have to return this form to you if any of the required details are incomplete.
8. You may complete your own IFA Application Introduction Certificate instead of Scottish Mutual International's provided that your form includes all the information detailed in the certificate overleaf and it has been completed in accordance with notes 1 to 6 above.

Scottish Mutual International Limited will retain the completed certificate as evidence of identity.

Not for distribution in USA or Canada.

Address for correspondence: Scottish Mutual International Limited, Styne House, Upper Hatch Street, Dublin Ireland. Telephone number (+353-1) 804 4000. Telephone calls may be recorded.
Fax (+353-1) 804 4005. Website address: www.smi.ie

Scottish Mutual International Limited is authorised and regulated by the Central Bank of Ireland and is registered in Ireland (Company No. 242244). The company's registered office is 25-28 North Wall Quay, Dublin 1, Ireland. An up-to-date list of its directors, containing the particulars required by paragraphs (a), (b) and (c) of Section 196(1) of the Companies Act 1963, is available upon request from the company's registered office.

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