CUSTOMER DUE DILIGENCE:

SOLE TRADER ~ UNINCORPORATED BODY ~ FIRM ~ REGULATED ~

NAME OF CUSTOMER:					
ADDRESS:					
	· <u></u>				
TEL:					
FAX:					
EMAIL:					
WEBSITE:					
NAME OF EACH PARTNER:					
PARTNER:					
ADDRESS:					
PARTNER:					
ADDRESS:					

PARTNER:			
ADDRESS:			
Are you a Regulated Po	erson/Rody:	☐ Yes	□ No
,	-		
If yes, State which Bod you are a Member of:	y		
Membership No:			
Do you obtain Due Dili Provide or arrange:	gence in respec	t of Corporate	Services you ask us to
	□ Yes	□ No	
Do you undertake to re or request from us.	lease such Due	Diligence to us	in the event of any enquiry
	☐ Yes	□ No	
I confirm above to be T	True and Corre	ct	
Signed:		Dat	e:
Signed:Sole Trader/M	anaging Partne	er	
D 1.4 N			
Print Name			