

# Confirmation of Identity

## How to complete this request form

- Please indicate your Account Holder number (1, 2, 3 or 4) as referenced in the Account Opening Application Form:
- Or please indicate if you are:  A Beneficial Owner  An Authorised Signatory
- A copy of this form must be completed by each Account Holder, Beneficial Owner and Authorised Signatory in BLOCK CAPITALS using black ink
- Each applicant should complete Section A only
- Please send this form to your current bankers for return directly to us

## A This section to be completed by you

### Personal details

All details supplied must correspond to those given in the Account Opening Application Form. We request verification of your identity from your existing bank.

Mr/Mrs/Miss/Ms/Other  Forename(s)   
Surname   
Male  Female   
Date of Birth  DD  MM  YYYY Nationality   
Country of Permanent Residence

### Residential address

House Number/Name   
Street   
Town/City   
 Post Code   
Country

### Details of existing bank

Name   
Address   
  
  
 Post Code   
Country

### Account number

I hereby authorise the disclosure of the information detailed in Section B, and also any banker's reference requested by Standard Chartered (Jersey) Limited.

Signature   
Date  DD  MM  YYYY

## B This section to be completed by your bank

Please return the completed form with a company letterhead to the address below within **seven days of receipt**. This form must be returned directly to Standard Chartered (Jersey) Limited and not via the Client.

**To: Standard Chartered (Jersey) Limited, PO Box 80, 15 Castle Street, St Helier, Jersey JE4 8PT, Channel Islands.**

With reference to your enquiry regarding the above client:

Has the Client been met by a representative of the bank?  Yes  No

The Client has been a client of the bank for  Years  Months

If less than three years, has the bank obtained a copy of the passport or similar client identification?  Yes  No

Do any of the details shown in Section A differ from your records. If Yes, please indicate below.

Do you correspond to an address other than the residential address shown?  Yes  No

Can you confirm that the sample signature matches your records  Yes  No

From: Official stamp of bank

Bank officer's signature

Authorised signatory number

Date

 DD  MM  YYYY