

## Enhanced AML Check LANDLORD INFORMATION FORM

Title

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Customer/Landlord Telephone

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First Name

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Driving Licence Number

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Middle Name

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NI Number

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Last Name

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Passport Number

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Date of Birth

D	D	M	M	Y	Y
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Gender

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Secondary Address

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Postcode

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Signature

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Today's Date

D	D	M	M	Y	Y
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