

# Enhanced AML Check VENDOR INFORMATION FORM

Estate Agent Branch Ref:

Sale Address

Client 1 Full Name

Client 2 Full Name

Date of Birth

D  D  M  M  Y  Y

Date of Birth

D  D  M  M  Y  Y

Home Address (As above )

Home Address (As above )

Time at address

Y  Y  M  M

Time at address

Y  Y  M  M

Tel. Number

Tel. Number

I/We hereby give permission for identity checks to be carried out in accordance with the Money Laundering and Terrorist Financing Regulations 2017, and for such information to be held and processed for the purposes of the prevention and detection of money laundering and terrorism offences. Such information may be shared with my Estate Agent and my appointed Conveyancing Lawyer. 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

Signature

Today's Date

D  D  M  M  Y  Y

Today's Date

D  D  M  M  Y  Y

## OFFICE USE ONLY

As the Vendor(s) appointed Estate Agent, I can confirm that I:

met the Vendor(s) in person no more than 2 months from the date shown below

Client 1

Client 2

saw and copied the Vendor(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 Vendor(s)

will only use the copy of the photo ID(s) to enable me to confirm the Vendor(s) identity

witnessed the Vendor(s) signatures above

believe the Property's occupancy status is  Owner Occupied  Tenanted  Vacant  Other (Please specify)

believe that there is nothing suspicious about this 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)

Estate Agent Name (Reference)

Estate Agent Signature

Today's Date

D  D  M  M  Y  Y

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