

Client Due Diligence Record

For use where the client is a Company/Charity/Trust

Before any work is undertaken, members should verify the identity of the potential client by reliable and independent means. Members should attach to this record sheet copies of such evidence.

- a) Not all identification evidence listed on this schedule need be obtained in relation to this client. Sufficient evidences should be obtained and verified in order to satisfy yourselves that the client is the company it claims to be.
- b) The amount and type of identification will be dependent upon the risk assessment made on the client when first being taken on as a client and thereafter on an annual basis.

Ref:

Client Name:

Type of Client: (delete if not applicable)

Company / Charity / Trust

Trading Address:

Nature of clients business:

Client since:

Type of Identification		
Identity	Yes/No Tick	Verification & date
Certificate of incorporation Certificate of incorporation on change of name Registered Office if company Registration certificate (if entity is required to be registered under MLR) List of shareholders Latest set of accounts References from bank or other professional advisor Companies House search carried out		
Outsourced verification service provider/agent e.g electronic database (give name)		
Where reliance on client due diligence is from another party regulated under Part 1 Schedule 3 of MLR 2007, do you have a document on their letterhead confirming that they agree that you can rely on their due diligence.		

Client is a Company/Partnership/Trust	Do you have a copy of an independent document that shows this on file?	
	Yes/No Tick	Comments
Registered office address (if different from trading address)		
Identity of Directors/Trustees		
Identity of each person owning 25% of the shares and / or capital and 25% of any voting rights (whether as a director or trustee or beneficiary or member)		
Identity of person instructing you (if different to client)		
Authority of person instructing you		
Address of person instructing you		
Identity of the beneficiary of the work or the person controlling the assignment (if different to client)		
Address of the beneficiary of the work		
Nature and purpose of the work done for client		
Details of main source of clients funds		

Name of MLRO:	
Name of person completing this record sheet:	

For completion by the MLRO only	
Date reviewed by MLRO:	
Signature of MLRO:	