

Verification of Identity Form



EMPLOYER NAME	
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It is a requirement of the Money Laundering Regulations 2007 to:

Maintain identification procedures for new clients

Maintain records of identification evidence

Report, in accordance with the relevant legislation regulations, to the Serious Organised Crime Agency (SOCA)

PRIMARY CONTACT

Please could the main person, responsible for the organisation (eg director, chair person, owner) complete the following information and provide either a passport or driving license to support the name, address and signature details provided:

Name:			
Address:			
Postcode:			
Signature:		Date:	

PLEASE FORWARD TO TANDEM PAYROLL LTD

Fax: 08717 143 367

Email: paymatters@tandempayroll.co.uk

Post: Tandem Payroll Ltd, 5 Lancing Close, Werrington, Peterborough, PE4 6QX

FOR OFFICE USE:

DRIVING LICENSE:		PASSPORT:	
Full Name:		Full Name:	
Number:		Number:	
Issue Date:		Issue Date:	
Expiry Date:		Expiry Date:	
Sig checked:		Sig checked:	