

## AML DECLARATION - INDIVIDUAL

NAME

IRD NUMBER

--	--

EMAIL

PHONE

--	--

ADDRESS


PLACE OF BIRTH

DATE OF BIRTH

--	--

DRIVERS LICENCE / PASSPORT NUMBER

EXPIRY DATE

--	--

*Please send proof of address, and a copy of your driver's licence or passport. Note we will need both sides of the driver's licence.*

**Signed and accepted for:**

**Individuals Name** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

***Note: For us to satisfy AML regulations we need all individuals to send us a copy of photo identification (Driver's Licence / Passport etc.) and proof of address (phone or power bill, bank statement etc.)***