

## Enhanced AML Check LANDLORD INFORMATION FORM

Lettings Agent Branch Ref:

Property Address	
Full Name	Full Name
Date of Birth	Date of Birth D D M M Y Y
Home Address	Home Address
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 as prescribed by the HMRC "M Businesses", and described at; <a href="https://www.gov.uk/government/publications/apsupervision-of-estate-agency-businesses-by-hmrc">https://www.gov.uk/government/publications/apsupervision-of-estate-agency-businesses-by-hmrc</a> to be completed and for the information above to be true and I/We agree to pay £35 + VAT for the provision of Signature.	ril-2014-supervision-of-estate-agency-businessesby-hmrc/april-2014-results to be shared with my Lettings Agent. I/We confirm that the
Signature	
Todays Date  D D M M Y Y	Todays Date D D M M Y Y
As the Landlord(s) appointed Lettings Agent, I can confirm that I:  met the Landlord(s) in person no more than 2 months from the date shown below saw and copied the Landlord(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 Landlord(s) will only use the copy of the photo ID(s) to enable me to confirm the Landlord(s) identity witnessed the Landlord(s) signatures above believe the property rental to be in line with market expectations and have identified nothing suspicious about the 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)	Lettings Agent Name (Reference)
	Lettings Agent Signature
	Todays 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
	Todays Date  D D M M Y Y