

Enhanced AML Check VENDOR INFORMATION FORM

Estate Agent Branch Ref:	

Sale Address Full Name Full Name Date of Birth Date of Birth Home Address (As above □) Home Address (As above □) Time at address Time at address M M M Tel. Number Tel. Number I/We hereby give permission to obtain OCE Documents and for Identity Checks as prescribed by the HMRC "Money Laundering Regulations 2007: supervision of Estate Agency Businesses", and described at; https://www.gov.uk/government/publications/april-2014-supervision-of-estate-agency-businessesby-hmrc/april-2014-supervision-of-estate-agency-businesses-by-hmrc to be completed and for the results to be shared with my Estate Agent and my appointed Conveyancing Lawyer. I/We confirm that the information above to be true and agree to pay £35 + VAT for the provision of the AML check if I/We do not use Team Conveyancing 🗌 Signature Signature **Todays Date** M **Todays Date** M 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 ☐ 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 Estate Agent Name (Reference) (See Escalation Chart and give reason below) Estate Agent Signature M **Todays Date** ☐ Escalation Required ☐ Authorised **Branch Manager Name** (See Branch Manager Decision Matrix and give reason below) Branch Manager Signature **Todays Date** M