

# Document Certification Form



Applicant number	
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Name of customer/s	1.
	2.
	3.
	4.

**ID and Residency documents must be certified individually**, all other documents can be certified using this form.

Document	Customer	Details (e.g. 3 months' bank statements)
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		

I certify that:

- All documents listed above are true copies of the originals, which I have seen.
- All copies of documents provided are clear and legible.
- If any of the documents display the 16-digit account number of a credit/debit card, these numbers have been redacted, prior to submission.

Certifier's full name (please print)	
Role	
Company name	
FCA number	
Signature	Date

Certification stamp
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