Verification of PO Box address/ Confirmation of residential address

It is a regulatory requirement that we obtain certified evidence to verify an applicant's residential address. However, we appreciate that this is not always possible.

This form should only be completed if there are no acceptable documents available to meet our requirements.

In conjunction with an application on behalf of (full name)

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|---------------|----|-----|---|---|
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| | | | | |

| Please detail wh | y each of the | following | items of | f address | verification | are not | available: |
|-------------------------|---------------|-----------|----------|-----------|--------------|---------|------------|
|-------------------------|---------------|-----------|----------|-----------|--------------|---------|------------|

| Α | Utility, rates or council tax bill |
|---|--|
| | |
| В | An entry in a local telephone directory |
| | |
| С | A current driving license |
| | |
| D | A tax assessment document |
| | |
| Ε | An account statement from a bank. Bank credit cards and non-bank cards such as store cards are not acceptable. |
| | |
| F | Proof of ownership or rental of the residential address |
| | |
| G | A mortgage statement |
| | |
| Н | Letter from the employer of the individual confirming the residential address |
| | |
| I | An original or certified copy of a utility bill sent to a PO Box or 'care of' address which references the residential address of the individual |
| | |



Section B

Verification of PO Box and confirmation of residential address As none of the items listed in Section A are available I enclose one of the following: An original (or certified copy) Bank Statement from the premium paying account showing the PO Box address matching the correspondence address detailed below. An original (or certified copy) of the applicant's utility bill that confirms the PO Box address Residential Address Address for correspondence (e.g. PO Box) **Declarations Broker Declaration** I confirm that this client resides at the residential address detailed above. I have known the client for and confirm I am an appointed suitable certifier. Broker's full name Broker's signature Date **Client Declaration**

I confirm that I live at the residential address written above and cannot verify my address by providing acceptable documentation. If such an address should change or I should move, I will notify the company of all or any such changes.

Client signature



Please send this completed document with the policy application form.

Friends Provident International Limited

Registered & Head Office: Royal Court, Castletown, Isle of Man, British Isles, IM9 1RA

Telephone: +44(0) 1624 821212 Fax: +44(0) 1624 824405

Nebsite: www.fpinternational.com

Incorporated company limited by shares

Registered in the Isle of Man No. 11494

Authorised by the Isle of Man Insurance & Pensions Authority

Provider of life assurance and investment products

Authorised by the Office of the Commissioner of Insurance to conduct long-term insurance business in Hong Kong

Registered in the United Arab Emirates as an insurance company (Registration No.76)

and as a foreign company (Registration No. 2013)

Authorised by the United Arab Emirates Insurance Authority to conduct life insurance and savings business

Registered in Singapore No. F06835G

Registered by the Monetary Authority of Singapore to conduct life insurance business in Singapore

