

## COMPANY TO BE LIMITED BY GUARANTEE

**Company Name:**

Please advise on the use or otherwise of the word "Limited."

**Registered Office Address:**

SIC Code:

Same Day Service  Normal Service

**Money Laundering Statement**

Please note that where you are acting for another person to form this company, Stanley Davis Group (SDG) is relying on you to have completed your due diligence and to have established the identity of your client in accordance with the requirements of the Money Laundering Regulations 2017. You further confirm that you are aware of and hereby consent to SDG relying upon the due diligence measures that you have undertaken and agree that should SDG request a copy of any of the verification documents or records that you have obtained, that you shall supply these to SDG without question and in a timely manner.

**NB: If this company is to be a CHARITY, 2 directors and 2 members (they can be the same individuals) must be appointed on incorporation.**

**Director and/or Secretary:**

Note: Private companies do not need a secretary and require only one director that is not a company

Director  Secretary

Title:

Forename(s):

Surname:

Name of Corporate officer (If applicable):

Name of Authorised signatory for corporate (If applicable):

Registration Number for this Corporate Entity (If applicable):

Date of Birth\*:

Nationality\*:

Occupation\*:

Residential Address:

Service Address (if applicable):

Post Code

Post Code

**Consent to Act**  I confirm that the person named above has consented to act in the position(s) indicated above

**Confirmed by:** (Please enter the name of person completing the form)

**\* Directors only to complete****Director**

Title:

Forename(s):

Surname:

Name of Corporate officer (If applicable):

Name of Authorised signatory for corporate (If applicable):

Registration Number for this Corporate Entity (If applicable):

Date of Birth\*:

Nationality\*:

Occupation\*:

Residential Address:

Service Address (if applicable):

Post Code

Post Code

**Consent to Act**  I confirm that the person named above has consented to act in the position(s) indicated above

**Confirmed by:** (Please enter the name of person completing the form)

**\* Directors only to complete**

<b>Director</b>	
Title:	
Forename(s):	
Surname:	
Name of Corporate officer (If applicable):	
Name of Authorised signatory for corporate (If applicable):	
Registration Number for this Corporate Entity (If applicable):	
Date of Birth*:	
Nationality*:	
Occupation*:	
Residential Address:	Service Address (if applicable):
Post Code	Post Code
<b>Consent to Act</b> <input type="checkbox"/> I confirm that the person named above has consented to act in the position(s) indicated above	
<b>Confirmed by:</b> (Please enter the name of person completing the form)	

**\* Directors only to complete**

<b>Member/Guarantor:</b>	
Title:	
Forename(s):	
Surname:	
Date of Birth*:	
Nationality*:	
Name of Corporate officer (If applicable):	
Name of Authorised signatory for corporate (If applicable):	
Residential/Service Address:	
Post Code	
<b>Personal Authentication Details (Please complete any three):</b>	
The first 3 letters of town of birth:	
The last three digits of telephone number:	
Last 3 characters of NI number:	
The last three digits of passport number	
The first three letters of mother's maiden name	
The first three letters of eye colour	
The first three letters of father's first forename	

<b>Member/Guarantor:</b>	
Title:	
Forename(s):	
Surname:	
Date of Birth*:	
Nationality*:	
Name of Corporate officer (If applicable):	
Name of Authorised signatory for corporate (If applicable):	
Residential/Service Address:	
Post Code	
Personal Authentication Details (Please complete any three):	
The first 3 letters of town of birth:	
The last three digits of telephone number:	
Last 3 characters of NI number:	
The last three digits of passport number	
The first three letters of mother's maiden name	
The first three letters of eye colour	
The first three letters of father's first forename	

<b>Member/Guarantor:</b>	
Title:	
Forename(s):	
Surname:	
Date of Birth*:	
Nationality*:	
Name of Corporate officer (If applicable):	
Name of Authorised signatory for corporate (If applicable):	
Residential/Service Address:	
Post Code	
Personal Authentication Details (Please complete any three):	
The first 3 letters of town of birth:	
The last three digits of telephone number:	
Last 3 characters of NI number:	
The last three digits of passport number	
The first three letters of mother's maiden name	
The first three letters of eye colour	
The first three letters of father's first forename	

### Persons with Significant Control (PSC)

A PSC is a person or relevant legal entity (such as a company) who has significant influence or control over the company.

Most small companies will have at least one person with significant control (PSC). For example, if a subscriber (initial guarantor) of the Company holds 25.1% or more of the voting rights, they will be a PSC of the Company. (Guidance can be found at <https://www.gov.uk/government/publications/guidance-to-the-people-with-significant-control-requirements-for-companies-and-limited-liability-partnerships>)

- If you are the sole guarantor and hold 100% of the voting rights, please go to box 1.
- If there is more than 1 guarantor, holding at least 25.1% of the voting rights, please go to box 2.
- If there is no registrable person or registrable relevant legal entity in relation to the company please go to box 3.

**Please select and confirm either of the following statements:**

1.  I confirm that I hold 100% of the voting rights in the company. Please use my details as shown above to register me as the PSC.
2.  I/we confirm that we individually hold at least 25.1% of the voting rights in the company.

Name	% of voting rights held	Right to appoint and remove Directors	Able to exercise significant influence and control

Please use the details shown in Section 3 above to register us as the PSC.

3.  The company knows or has reasonable cause to believe that there is no registrable person or registrable relevant legal entity in relation to the company.

Confirmed by: \_\_\_\_\_

(Please enter the name of the person completing this form)