

RIGHT TO MANAGE COMPANY

Company Name: _____	RT M COMPANY LIMITED
Registered Office Address:	
Full address of the Property/Development:	
<input type="checkbox"/> Same Day Service <input type="checkbox"/> Normal Service	

Money Laundering Statement

Please note that where you are acting for another person to form this company, Stanley Davis Group Ltd (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 2007. 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.

Director and/or Secretary:

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

<input type="checkbox"/> Director <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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(s)	
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 <input type="checkbox"/> 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**

Member/Guarantor:	
Title:	
Forename(s):	
Surname:	
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	

Member/Guarantor:	
Title:	
Forename(s):	
Surname:	
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	

Member/Guarantor:	
Title:	
Forename(s):	
Surname:	
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	