

Anti-Money Laundering Check

Vendor or Landlord Information Form

Sale Address: **LIFTON HALL**

Client 1

Full Name: **RICHARD JAMES ELWORTHY**

Date of Birth: **08/10/1965**

Home Address: **SPARROWS, NEW RD, LIFTON**

Postcode: **PL16 0DR**

Time at address: **6 years**

Landline Telephone: **0714 714823**

Client 2

Full Name: **ROBERT BRIAN FLEMING**

Date of Birth: **01/08/1968**

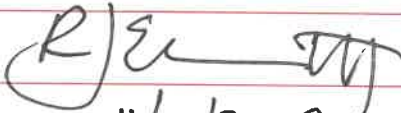
Home Address: **SPARROWS, NEW RD, LIFTON**

Postcode: **PL16 0DR**

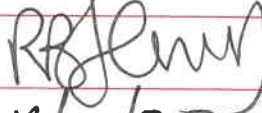
Time at address: **6 years**

Landline Telephone: **0759 880384**

I/We hereby give permission for identity checks to be carried out in accordance with the Money Laundering and Terrorism Financing Regulations 2017, and for such information to be held and processed for the purposes of the prevention of money laundering and terrorism offences.

Signature: 

Date: **11/4/2025**

Signature: 

Date: **11/4/2025**

OFFICE USE ONLY

As the Vendor(s) appointed agent, I can confirm that I:

Met the Vendor(s) in person no more than 2 months from the date below

Client 1 Client 2

Saw and copied the Vendor(s) original genuine 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 that there is nothing suspicious about this transaction

Agent Name:

Agent Signature:

Date:

Escalation Required (See AML Policy & Procedure)

