

Account Checklist

Account Information

Type	Company <input type="checkbox"/>	Trust <input type="checkbox"/>	Charity <input type="checkbox"/>	
Reg Name	<input type="text"/>		Reg Number	<input type="text"/>
Reg Address	<input type="text"/>		LEI	<input type="text"/>
			UTR	<input type="text"/>

Enclosed Documents

Trust Deed	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Accounts	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Signatory List	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Trustee/Director/Member (TDM) Info

Lead TDM	<input type="text"/>	ID Enclosed <input type="checkbox"/>	Signatory? <input type="checkbox"/>
TDM 2	<input type="text"/>	ID Enclosed <input type="checkbox"/>	Signatory? <input type="checkbox"/>
TDM 3	<input type="text"/>	ID Enclosed <input type="checkbox"/>	Signatory? <input type="checkbox"/>
TDM 4	<input type="text"/>	ID Enclosed <input type="checkbox"/>	Signatory? <input type="checkbox"/>

Please continue on a separate sheet if needed.

Any ONE Trustee from above <input type="checkbox"/>	Any TWO Trustees from above <input type="checkbox"/>
In line with signatory list <input type="checkbox"/>	If more than TWO, number of Trustees required <input type="checkbox"/>

Declaration

I/We confirm that the information provided is, to the best of my/our knowledge, correct. I/We have provided this information on the understanding that it will be used to form the basis of any services performed by you for me/us.

Lead TDM Signature	<input type="text"/>	TDM 2 Signature	<input type="text"/>
Date	<input type="text"/>	Date	<input type="text"/>
Name/Position	<input type="text"/>	Name/Position	<input type="text"/>
TDM 3 Signature	<input type="text"/>	TDM 4 Signature	<input type="text"/>
Date	<input type="text"/>	Date	<input type="text"/>
Name/Position	<input type="text"/>	Name/Position	<input type="text"/>