**Identity Verification Service**

Please use this form to help us gather the information we need to verify identities as required under the Economic Crime and Corporate Transparency Act 2023.

Please complete as much information as you can to avoid delays. However, our team are on hand to help with any questions you may have.

**Section A – Your details**

|  |  |
| --- | --- |
| **A1 Your name**  As it appears on your passport or ID Document |  |
| **A2 Your email address**  . |  |
| **A3 Your company name**  . |  |
|  |  |
| **A4 Total Number of Verifications**  (if more than 5, please continue on another piece of paper) |  |

**Section B: Individual 1**

|  |  |
| --- | --- |
| **Same as Section A?** | (If yes, skip to B4) |

|  |  |  |  |
| --- | --- | --- | --- |
| **B1 First Name** |  | | |
| **B2 Last Name** |  | | |
| **B3 Email Address** |  | | |
|  |  | | |
| **B4 Date of Birth**  (dd/mm/yy) |  | | |
| **B5 Have you ever changed your name?** | | | |
| If so, please provide. |  | | |
| **B6 Do you use another name in a professional capacity that should be registered at Companies House?** | | | |
| If so, please provide. |  | | |
|  | | | |
| **B7 Address History**  (12 months) | **Current Address** | **Previous Address – Last 12 months** (if applicable) | **Previous Address – Last 12 months** (if applicable) |
| Street Address |  |  |  |
| Address Line 2 |  |  |  |
| City |  |  |  |
| County / State / Region |  |  |  |
| ZIP / Postal Code |  |  |  |
| Country |  |  |  |
|  |  |  |  |
| **B8 Type of ID** | You can check if your passport is biometric by looking for the ePassport logo on the front cover ePassport Logo. Please note a passport can be up to 6 months expired. A biometric residence permit can be up to 18 months expired. | | |
|  | Choose an item. | | |

**Section C: Individual 2**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **C1 First Name** |  | | | |
| **C2 Last Name** |  | | | |
| **C3 Email Address** |  | | | |
|  |  | | | |
| **C5 Date of Birth**  (dd/mm/yy) |  | | |
| **C6 Have you ever changed your name?** | | | |
| If so, please provide. |  | | |
| **C7 Do you use another name in a professional capacity that should be registered at Companies House?** | | | |
| If so, please provide. |  | | |
|  |  | | | |
| **C8 Address History**  12 months | **Current Address** | **Previous Address – Last 12 months** (if applicable) | **Previous Address – Last 12 months** (if applicable) | |
| Street Address |  |  |  | |
| Address Line 2 |  |  |  | |
| City |  |  |  | |
| County / State / Region |  |  |  | |
| ZIP / Postal Code |  |  |  | |
| Country |  |  |  | |
|  |  | | | |
| **C9 Type of ID** | Choose an item. | | | |

**Section D: Individual 3**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **D1 First Name** |  | | | |
| **D2 Last Name** |  | | | |
| **D3 Email Address** |  | | | |
|  |  | | | |
| **D5 Date of Birth**  (dd/mm/yy) |  | | |
| **D6 Have you ever changed your name?** | | | |
| If so, please provide. |  | | |
| **D7 Do you use another name in a professional capacity that should be registered at Companies House?** | | | |
| If so, please provide. |  | | |
|  |  | | | |
| **D8 Address History**  12 months | **Current Address** | **Previous Address – Last 12 months** (if applicable) | **Previous Address – Last 12 months** (if applicable) | |
| Street Address |  |  |  | |
| Address Line 2 |  |  |  | |
| City |  |  |  | |
| County / State / Region |  |  |  | |
| ZIP / Postal Code |  |  |  | |
| Country |  |  |  | |
|  |  | | | |
| **D9 Type of ID** | Choose an item. | | | |

**Section E: Individual 4**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **E1 First Name** |  | | | |
| **E2 Last Name** |  | | | |
| **E3 Email Address** |  | | | |
|  |  | | | |
| **E5 Date of Birth**  (dd/mm/yy) |  | | |
| **E6 Have you ever changed your name?** | | | |
| If so, please provide. |  | | |
| **E7 Do you use another name in a professional capacity that should be registered at Companies House?** | | | |
| If so, please provide. |  | | |
|  |  | | | |
| **E8 Address History**  12 months | **Current Address** | **Previous Address – Last 12 months** (if applicable) | **Previous Address – Last 12 months** (if applicable) | |
| Street Address |  |  |  | |
| Address Line 2 |  |  |  | |
| City |  |  |  | |
| County / State / Region |  |  |  | |
| ZIP / Postal Code |  |  |  | |
| Country |  |  |  | |
|  |  | | | |
| **E9 Type of ID** | Choose an item. | | | |

**Section F: Individual 5**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **F1 First Name** |  | | | |
| **F2 Last Name** |  | | | |
| **F3 Email Address** |  | | | |
|  |  | | | |
| **F5 Date of Birth**  (dd/mm/yy) |  | | |
| **F6 Have you ever changed your name?** | | | |
| If so, please provide. |  | | |
| **F7 Do you use another name in a professional capacity that should be registered at Companies House?** | | | |
| If so, please provide. |  | | |
|  |  | | | |
| **F8 Address History**  12 months | **Current Address** | **Previous Address – Last 12 months** (if applicable) | **Previous Address – Last 12 months** (if applicable) | |
| Street Address |  |  |  | |
| Address Line 2 |  |  |  | |
| City |  |  |  | |
| County / State / Region |  |  |  | |
| ZIP / Postal Code |  |  |  | |
| Country |  |  |  | |
|  |  | | | |
| **F9 Type of ID** | Choose an item. | | | |

**Section G: Contact Information and Declaration**

|  |  |
| --- | --- |
| **G1 Who should the invoice be issued to?** | |
| For attention of |  |
| Email address |  |
|  |  |
| **G2 For the purposes of VAT, where are you based? (Country)** |  |
|  |  |
| **G3 Are you purchasing as an individual or a business?** | |
| **Individual** |  |
| **Business** | , if so please provide Tax Identification Number e.g. VAT number |
|  |  |
| **G4 Invoice Address** | |
| Street Address |  | |
| Address Line 2 |  | |
| City |  | |
| County / State / Region |  | |
| ZIP / Postal Code |  | |
| Country |  | |
|  |  |
| **G5 How did you hear about Elemental?** |  |
|  |  |
| **G6 Any other comments**  Is there any other information you would like to share? |  |

|  |  |
| --- | --- |
| **Declaration** | |
| I confirm that the information I have provided is complete and accurate and that I have read, understood and accepted the [terms and conditions](https://www.elementalcosec.com/elemental-verify-terms-and-conditions/) for the Elemental Verify service | |
| Electronic Signature |  |
| Date |  |