

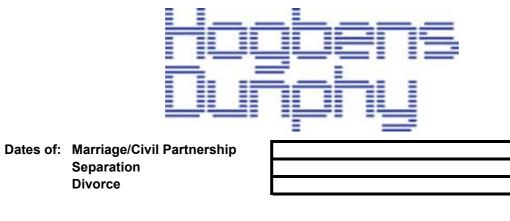
## **Sole Trader**

# **New Client Information Check List**



#### **General Information**

Client Name:		
Business / Home Address:	Business/ Employer Address	Home Address
		<u> </u>
Telephone / Email:		
Date/Place of Birth:		
Business Activity		
Business Activity:		
Important Dates:	Commencement	Year End
•		
		,
UTR / NI Number:	Unique Tax Reference	National Insurance
PAYE Scheme?	Yes No	Tax District
HD to setup / manage PAYE?	Yes No	
PAYE Scheme No:		
PATE Scheme No.		
Accounts Office Ref:		
Accounts office Ref.		
Current Administrators:		
Administrators Address:		
VAT Registered ?	Yes No	No.
Date of Registration:		
Date of Registration.		
HD to setup / manage VAT ?	Yes No	
VAT Quarter Ends:		
Other HD Duties:		
Company Software:	Excel Sage Other	



Separation Divorce

Nationality:	
Residency:	
Country of Birth:	
Geographical Connections	
Full Names of Children: DOB: Sources of Income:	
Will Made:	Yes/No Date:
Bankruptcy Proceedings?	
bankruptcy Proceedings?	
Disqualified Director?	

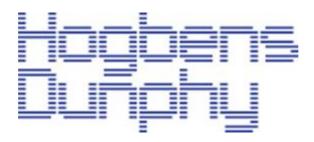


### Other Information

Premises:	Home	Rent	Mortgage		Freehold	Leasehol	d	
Details:								
Motor Vehicle:	Yes		No					
Model:								
Vehicle Registration:								
Date Purchased:								
Purchase Cost:								
Business Use:	Yes		No		%			
Other Assets ?	NB. Financ	e Lease	agreements ne No	eded if	any.			
Details:								
Bank Name:								
Account Name:								
Account No:								
Sort Code:								
	NB. Bank L	oan agre	ements neede	d if any				
Proof of Identity ?	Yes		No	F	Passport	Bill 1	Bi	II 2
Financial Adviser?	Yes		No					
Pension Provider / Amount:								
Employment Income ?	Yes		No					
Employer Name								
Tax District & Reference								
Rental Income ?	Yes		No					
Other Investment Income:								
Student Loan	Yes		No					
Previous Accountant:								
Contact Accountant ?	Yes		No					
64-8 Signed ?	Yes		No	Rec	ord Book	? Yes		lo



Other Loans:	
Scale and sources of	past and future capital:
Scale and sources of	past and future income:
Separate Tax File Set  Agent Acting for Part	
Name: Address:	
Contact:	
Tel No:	
Email:	
<b>Bankruptcy Proceedi</b>	ngs? Yes / No
Disqualified Director	? Yes / No
Disqualified Director	1657140
Other Business Interes	ests/Connected Businesses/Sources of Income?
Fee Quoted	f Standing Order/Direct Debit



#### **RISK ASSESSMENT**

Indicate any factors that may increase the risk that this client might be used by money launderiers

, , , ,	
1) Connections with Individuals/Business	ses in Countries with weak ML regimes?
Yes/No/N/A	Comments:
2) PEP?	
Yes/No/N/A	Comments:
3) Client Remote (so that not met client)	
Yes/No/N/A	Comments:
Conclusion	
1) Overall Risk?	Low / Normal / High
2) Standard Procedures Acceptable?	Yes / No  Comments:
Annual Review Completed By:	Date: Risk/CDD/KYC all up to date/appropriate
Comments:	
Comments.	



### **General Meeting Notes**




Geographical connections are becoming increasingly important, not only because of the risks associated with countries with weak AML regimes, but because of inter-governmental agreement's over tax such as the UK-USA agreement over FATCA (the USA's Foreign Accounts Tax Compliance Act)

The Common Reporting Standard (CRS) will be adopted by more than 50 countries in 2016 with the exchange of tax information commencing in 2017. That number will grow to more than 70 countries in 2017, with the extra countries exchanging data from 2018. CRS will require the individuals country of birth.

You can search the register of Disqualified Directors at <a href="https://www.gov.uk/search-the-register-of-disqualified-company-directors">www.gov.uk/search-the-register-of-disqualified-company-directors</a>

High risk is mandatory where the client is PEP or where you have not met the client.

Where there has been significant changes or where you are in doubt you should complete the separate form - Annual Review of AML Changes