



Could you please complete this form as accurately as possible? The information will be used by us in assisting us to provide professional services to you and is required in order to comply with professional practice requirements. The information will be held in accordance with the terms of the Data Protection Act. Please refer to our Client Service Guide for our data protection policy.

1. Surname:
2. First Name:
3. Middle Name(s):
4. Any former surname:
5. Home Address:
6. Correspondence address if different:
7. Home Telephone Number Work Telephone Number Mobile Telephone Number

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8. Are you happy to correspond with us by e-mail YES / NO
If yes e-mail address:

9. Marital Status: SINGLE / MARRIED / SEPARATED / DIVORCED / WIDOW(ER) / COHABITING (*please delete as applicable*).

10. Employment Status: EMPLOYED / UNEMPLOYED / SELF EMPLOYED / RETIRED (*please delete as applicable*)

11. Current Occupation:

12. Business Interests:

13. Date of Birth:

14. National Insurance Number:

15. If married: full name of spouse: date of marriage:

16. Transfer of Funds:

If we are receiving funds from you these require to be sent from a UK bank account unless previously agreed in writing. Likewise if we are sending funds to you these will be required to be transferred to a UK bank account in your name or in

your and any partner or spouse's joint names unless otherwise agreed in writing. Please confirm the account details from which we may be receiving funds and to which we should transfer funds.

Bank/Building Society Name: Branch:

Account Names(s) Account Number:

Sort Code:

Please note that if we subsequently receive funds from a different source further procedures may be required which could lead to your transaction being delayed. If we receive subsequent instructions to transfer the funds to a different account then further verification checks may also be required which may delay matters.

Identification Documentation

In order to comply with professional practice requirements we require to obtain formal proof of identity and address from you. We require originals or copies certified by a solicitor.

Please provide one item from column A and one from column B. If sending originals by post please use a secure postage method. They will be returned to you by the same method. We will be unable to proceed to act until such time as these requirements have been complied with.

If there is any difficulty with you providing any of this information please contact us so that we can discuss this with you

COLUMN A

COLUMN B

Photocard Driving Licence
Current UK Passport
If neither of the above are available other
Forms of photographic ID card may be HMRC
acceptable. Please contact us for guidance

UK Bank or Building Society account statement
Utility Bill
Council Tax Bill
Notice of Coding / P60 / P45

..... signature date

We would like to thank you for assisting us with the provision of this information. If there are any issues which you would like to discuss with us please let us know. Please complete and return the form promptly to: Watson & Lyall Bowie, Solicitors, Union Bank Building, COUPAR ANGUS PH13 9AJ