Client	First	
Surname	Names	

7 day notice? YES / NO

If YES, give details in notes, email to info@goodwills.net or fax direct to Premier House on 0845 222 0023 and post original with payment

Service Required

Mirror Will Instruction Form v 0715 con Wills and Trusts prepared by:

Goodwills Legal Services Ltd

Please send completed instruction to:
Goodwills Legal Services Ltd. · 3rd Floor ·
Premier House · Lurke Street · Bedford · Beds ·
MK40 3HU

Tel: 0845 222 00 22 Fax: 0845 222 00 23

Notes:

- * Please complete in Block Capitals and do not use abbreviations
- * Please circle the appropriate options and strike through those that do not apply

Client

* Ensure that the testators agree with the instruction before they sign and date the declaration

GW £

* The concessionary price is for a simple standard Will only; complex situations require additional payment

Services Included in Instruction

Service Required

Client

£

GW £

Simple Mirror Wills			Total Calamity Supp. (13)		
Business Will Supp. (1)			Exclusion Supplement (14)		
IHT Loan Trust Supp (4)			LPA Supplement (16)		
Asset Pres. Trust Supp. (4a)			LPA Registration (16)		
Gifts & Legacies Supp. (5)			AMD Supplement (17)		
Property Trust Supp. (6)			Storage Supplement (20)	£	
Transfer of Equity Supp. (7)			Funeral Plans	£	
Children's Trust Supp. (8)			Remote Checking Service		
Family Trust Supp. (9)			Life Assurance Supp. (22)		
Disabled Trust Supp. (10)			Home Protection Trust		
Res. Beneficiaries Supp. (11)			Other		
Send Documents to: C	onsultant	/ Testator	Documents Sent fax back Supp	element (21)	
Consultant's Name			Source Newspaper/Own IFA/GW IFA/Referral etc.		
Client fee	£	:	Payment Method		
Goodwills Legal Services Ltd Fee £ :	VAT	£ :	TOTAL £ :		
For office use only					
Date Received by Goodwills Legal Services Limited		_	Date Will Completed		
Date Standing Order Sent			Date Scanned to File		

Section 1 - Personal Details

First Testator Title	Second Testator Title
Surname	Surname
Forename	Forename
Other Name	Other Name
Alias, if any	Alias, if any
Address	
	Postcode
Email F	Phone
Date of Birth	Date of Birth
Occupation	Occupation
Domicile	Domicile
Single/Married/CP/Divorced/Separated/Widowed	Single/Married/CP/Divorced/Separated/Widowed
Are the Wills made in contemplation of Marriage or Civil	Partnership? Yes/No
Have you previously made a Will for your assets in England and Wales? Yes/No	Have you previously made a Will for your assets in England and Wales? Yes/No
Do you have a foreign Will or foreign assets?	Do you have a foreign Will or foreign assets?
If yes, which country?	If yes, which country?
Does Testator 1 hold assets in any other name(s) i.e. acc	counts, investments, property etc.? Yes/No
If YES – please state which name	
Does Testator 2 hold assets in any other name(s) i.e. acc	counts, investments, property etc.? Yes/No
If YES – please state which name	
How many children do you have? First Testator	Second Testator Joint
Are you a beneficiary under a current trust? Yes/No	Are you a beneficiary under a current trust? Yes/No
Are you able to read your Will Yes/No	Are you able to read your Will Yes/No
Are you able to sign your Will Yes/No	Are you able to sign your Will Yes/No
If you cannot sign, who will sign for you?	
ii you caimot eigii, iiio iiiii eigii ioi you.	

If you own a business, do you wish for us to recommend a Company and Commercial Solicitor that we have dealt with in the past to give you a free compliance check?

YES / NO / N/A

Section 2 – Executors (Your executors will also act as your trustees)

Appointing professional Executors is not a requirement but should be considered, and especially where there are complex or unusual circumstances.

Do you wish to appoint professional Executors on their own?					
Do you wish to appoint professional Executors alongside another?Please provide details below YES / NO					
Do you wish to appoint professional Executors as your reserve Executors?	YES / NO				
Is your spouse / partner to act as Executor? NO / YES SOLELY / YES JOIN	TLY				
Executor	JOINT / RESERVE				
Address					
Introduction Le	tter Yes/No				
Postcode Phone Phone					
Relationship to T1 Relationship to T2					
Executor	JOINT / RESERVE				
Address					
Introduction Le	etter Yes/No				
	100,110				
Postcode Phone Phone					
Postcode Phone Relationship to T1 Relationship to T2					
	JOINT / RESERVE				
Relationship to T1 Relationship to T2	JOINT /				
Relationship to T1 Executor Relationship to T2	JOINT / RESERVE				
Relationship to T1 Executor Address	JOINT / RESERVE				
Relationship to T1 Executor Address Introduction Le	JOINT / RESERVE				
Relationship to T1 Executor Address Introduction Le	JOINT / RESERVE				
Relationship to T1 Executor Address Introduction Le Postcode Phone Relationship to T1 Relationship to T2 Relationship to T2 Section 3 – Guardians Do you have children under the age of 18 who therefore require Guardians?	JOINT / RESERVE				
Relationship to T1 Executor Address Introduction Le Postcode Phone Relationship to T1 Relationship to T2 Introduction Le Postcode Phone Relationship to T1 Relationship to T2 Section 3 – Guardians Do you have children under the age of 18 who therefore require Guardians? If YES – please complete this section	JOINT / RESERVE Stter Yes/No YES / NO				
Relationship to T1 Executor Address Introduction Le Postcode Phone Relationship to T1 Relationship to T2 Relationship to T2 Section 3 – Guardians Do you have children under the age of 18 who therefore require Guardians?	JOINT / RESERVE Steer Yes/No				

Name			
Address			
		Introduction	on Letter Yes/No
Postcode	Phone		
Is the father to act solely or jointly with	th the guardian(s) na	amed below?	Solely / Jointly
Guardian 1			
Address			
		Introduction	on Letter Yes/No
Postcode	Phone		
Relationship to T1		Relationship to T2	
Guardian 2			
Address			
Address			- Vac Na
		Introduction	on Letter Yes/No
Postcode	Phone		
Relationship to T1		Relationship to T2	
Section 4 – Estate Valuation (Must be	completed)		
Asset Description Property	Testator 1	Testator 2	Joint £
Investments and Savings	£	£	£
Death in Service	£	£	£
Life Insurance	£	£	£
Other – cars, chattels, etc.	£	£	£
SUB TOTAL	£	£	£
Less - Debts & Mortgages	£	£	£
NET ESTATE VALUE	£	£	£
Expected Inheritance	£	£	£
Are your Life Policies in Trust?	YES / NO	Mortgage Protection Policy in	
Is IHT Nil Rate Band Discretionary Trust If YES to IHT NRB Discretionary Trust			YES / NO
Is an Asset Preservation Trust (Imme	diate Post Death Into	erest Trust) to be included?	VEC (NO
If YES to APT complete Supplement 4		,	YES/NO

Is Transfer of Equity required? – If YES, complete Supplement 7	YES / NO			
Is a Life Interest Trust required?	YES / NO			
Would you like our sister company to quote for your Life Insurance or Mortgage Protection to see if you can save money on your premiums? Additionally, they can offer advice on Inheritance Tax and investment opportunities. If YES, complete Supplement 22				
Section 5 – Gifts and Legacies				
Do you wish to make specific gifts, for example, a house, jewellery, family heirlooms, sums of money, stocks and shares, etc.? (maximum of 5 gifts excluding property, otherwise additional charges apply)*	YES / NO			
 All gifts shall be stated to be free of any taxes unless you state otherwise - please state in office notes If a gift is made to a charity, you must quote the charity number If the gift is the content of a bank or building society account, a share portfolio or an investment, you must quote the account/policy numbers. If any of your beneficiaries in this section die before you, your Will will be drafted so that such gift shall form part of your residuary estate, unless you state otherwise (e.g. if you wish for the gift to pass to the beneficiary's issue per stirpes) - please state in office notes If more than five gifts are made and/or a gift of property is required, please use Supplement 5 and please agree additional charges 				
 must quote the account/policy numbers. If any of your beneficiaries in this section die before you, your Will will be drafted so that sufform part of your residuary estate, unless you state otherwise (e.g. if you wish for the gift to beneficiary's issue per stirpes) – please state in office notes If more than five gifts are made and/or a gift of property is required, please use Supplement 5 	ch gift shall pass to the			
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must quote the account/policy numbers. If any of your beneficiaries in this section die before you, your Will will be drafted so that surform part of your residuary estate, unless you state otherwise (e.g. if you wish for the gift to beneficiary's issue per stirpes) – please state in office notes If more than five gifts are made and/or a gift of property is required, please use Supplement 5 agree additional charges Description of Gift Beneficiary Name Address Relationship to T1 Relationship to T2 Gift to pass on death of: 1st Testator / 2nd Testator / After both deaths Under 18?	ch gift shall pass to the sand please			
must quote the account/policy numbers. If any of your beneficiaries in this section die before you, your Will will be drafted so that surform part of your residuary estate, unless you state otherwise (e.g. if you wish for the gift to beneficiary's issue per stirpes) – please state in office notes If more than five gifts are made and/or a gift of property is required, please use Supplement 5 agree additional charges Description of Gift Beneficiary Name Address Postcode Relationship to T1 Relationship to T2 Gift to pass on death of: 1st Testator / 2nd Testator / After both deaths Under 18?	ch gift shall pass to the sand please			

1st Testator / 2nd Testator / After both deaths

Relationship to T2

Relationship to T2

Under 18?

Postcode

YES / NO

Relationship to T1

Description of Gift

Beneficiary Name

Relationship to T1

Address

Gift to pass on death of:

Gift to pass on death of:	1 st Testator / 2 nd Tes	stator / After both deaths	Under 18?	YES / NO
Description of Gift				
Beneficiary Name				
Address				
		Postc	ode	
Relationship to T1		Relationship to T2		
Gift to pass on death of:	1 st Testator / 2 nd Tes	stator / After both deaths	Under 18?	YES / NO
Description of Gift				
Beneficiary Name				
Address				
		Postc	ode	
Deletionalis to T4				
Relationship to T1		Relationship to T2		
Gift to pass on death of:	1 st Testator / 2 nd Tes	Relationship to T2	Under 18?	YES/NO
	ouple, is it a concern that y	stator / After both deaths /our spouse/partner could cl	hange their Will afto	er your death,
Gift to pass on death of: Section 6 – Property Trust If you are making Wills as a coi.e. in the event of (re)marriage	ouple, is it a concern that ye? If so, we would recomn	stator / After both deaths your spouse/partner could cl nend that you have Property	hange their Will after Protective Trust W	er your death,
Gift to pass on death of: Section 6 – Property Trust If you are making Wills as a coi.e. in the event of (re)marriage to safeguard against this. Is anyone to be granted the results.	ouple, is it a concern that ye? If so, we would recomming to occupy a property upplement 6	stator / After both deaths your spouse/partner could cl nend that you have Property	hange their Will after Protective Trust W	er your death, /ills drawn up
Gift to pass on death of: Section 6 – Property Trust If you are making Wills as a coi.e. in the event of (re)marriage to safeguard against this. Is anyone to be granted the reference of the safeguard against this anyone to be granted the reference of the safeguard against this anyone to be granted the reference of the safeguard against this anyone to be granted the reference of the safeguard against this anyone to be granted the reference of the safeguard against this anyone to be granted the reference of the safeguard against this anyone to be granted the safeguard against this anyone to be granted the reference of the safeguard against this anyone to be granted the safeguard against this again.	ouple, is it a concern that ye? If so, we would recomming to occupy a property upplement 6	your spouse/partner could cl nend that you have Property owned by you, after your d	hange their Will after Protective Trust W	er your death, /ills drawn up
Gift to pass on death of: Section 6 – Property Trust If you are making Wills as a coi.e. in the event of (re)marriage to safeguard against this. Is anyone to be granted the religious – If YES, please complete Sussection 7 – Transfer of Equity	ouple, is it a concern that ye? If so, we would recomming to occupy a property upplement 6	your spouse/partner could cl nend that you have Property owned by you, after your d	hange their Will after Protective Trust W	er your death, /ills drawn up YES / NO
Gift to pass on death of: Section 6 – Property Trust If you are making Wills as a coi.e. in the event of (re)marriage to safeguard against this. Is anyone to be granted the result of the result o	ouple, is it a concern that ye? If so, we would recomming to occupy a property upplement 6	your spouse/partner could claimend that you have Property owned by you, after your deplement 7	hange their Will after Protective Trust W	er your death, /ills drawn up YES / NO
Gift to pass on death of: Section 6 – Property Trust If you are making Wills as a coi.e. in the event of (re)marriage to safeguard against this. Is anyone to be granted the religious – If YES, please complete Sussection 7 – Transfer of Equity Is Transfer of Equity required Section 8 – Children's Protect	ouple, is it a concern that ye? If so, we would recomming to occupy a property upplement 6	your spouse/partner could claimend that you have Property owned by you, after your deplement 7	hange their Will after Protective Trust W	er your death, /ills drawn up YES / NO
Gift to pass on death of: Section 6 – Property Trust If you are making Wills as a coi.e. in the event of (re)marriage to safeguard against this. Is anyone to be granted the result of YES, please complete Suits Section 7 – Transfer of Equity Is Transfer of Equity required Section 8 – Children's Protective Truster of Equity Transfer of Equity Transfer of Equity Protective Truster of Equity Truster of Equity Protective Truster of Equity Truster of Equity Protective Truster o	ouple, is it a concern that ye? If so, we would recomming to occupy a property upplement 6 d? – If YES, complete Suptive Trust ust required? – If YES, con	your spouse/partner could claimend that you have Property owned by you, after your deplement 7 mplete Supplement 8	hange their Will after Protective Trust W	er your death, /ills drawn up YES / NO
Gift to pass on death of: Section 6 – Property Trust If you are making Wills as a coi.e. in the event of (re)marriage to safeguard against this. Is anyone to be granted the result of YES, please complete Subsection 7 – Transfer of Equity Is Transfer of Equity required Section 8 – Children's Protective True Section 9 – Family Trust	ouple, is it a concern that ye? If so, we would recomming to occupy a property upplement 6 d? – If YES, complete Suptive Trust ust required? – If YES, con	your spouse/partner could claimend that you have Property owned by you, after your deplement 7 mplete Supplement 8	hange their Will after Protective Trust W	YES / NO

Section 11 - Residue of the Estate

The Residue is the remainder of your estate after debts, liabilities and previously stated gifts

• If a gift is made to a charity, please quote the charity number

Is the Residue to pass firstly to your Sponamed below: (If NO) to pass directly to			he following YES / NO	
In Equal Shares (If NO, please specify sh	ares in either per	centage or fractions)	YES/NO	
Beneficiary Name				
Address				
P	Postcode	At Ag	e Share	
Relationship to T1		Relationship to T2		
Beneficiary Name				
Address				
P	Postcode	At Ag	e Share	
Relationship to T1		Relationship to T2		
Beneficiary Name				
Address				
P	ostcode	At Ag	e Share	
Relationship to T1		Relationship to T2		
Beneficiary Name				
Address				
P	Postcode	At Ag	e Share	
Relationship to T1		Relationship to T2		
Beneficiary Name				
Address				
P	ostcode	At Ag	e Share	
Relationship to T1 Relationship to T2				
If necessary, please list additional residual Section 12 – Substitution of Issue	al beneficiaries us	ing Supplement 11		
If any Residual / Total Calamity / Default issue per stirpes to benefit?	beneficiaries die	prior to benefiting, do you	wish their YES / NO	
If Yes, at what age should the substituted beneficiaries benefit? (between				

If NO, is that share to pass to the surviving beneficiaries in the proportion those each other?	shares bear to	YES / NO
If NO, who will benefit from that share?		
Relationship to T1 Relationship to T2		
Where appropriate, a cross-accruer clause will be inserted into your Will, so that lifetime or before attaining a vested interest or within 30 days of your death (an also died before you, and/or you have not made further provision), then their beneficiaries in the same proportions, to avoid that share failing and passing under	d, if applicable, thei share will pass to t	r issue have he surviving
Section 13 – Total Calamity / Default Beneficiaries (additional charges apply)*		
Do you wish to appoint reserve beneficiaries to benefit if all the beneficial section 11 and 12 die prior to benefiting? (An option relevant to young families of If YES – Complete Supplement 13		YES / NO
Section 14 – Exclusions or inadequate provision (additional charges apply)*		
Do you wish to exclude a person from your Will who may have a potential claim (e.g. a spouse, former spouse not remarried, children, co-habitants or a dependent YES – Complete Supplement 14		YES / NO
If NO – Have you omitted someone from your Will, who you now understand, may your Estate but have declined to specifically exclude them? If YES – Please note details below and make an appropriate office note	make a claim on	YES / NO
Name		
Relationship to T1 Relationship to T2		
Section 15 – Funeral Wishes		
1st Testator Burial/Cremation/No Preference 2nd Testator Bu	rial/Cremation/No P	reference
Do you have a funeral plan in place? YES / NO Do you have a funeral	plan in place?	YES / NO
If Yes, details please		
If NO – are you interested in further information regarding Funeral Plans?		YES / NO
Other Funeral Wishes Other Funeral Wishes		
Section 16 – Power of Attorney		
Is a power of attorney required?		
Testator 1 If YES – Complete Supplement 16 YES / NO Testator 2 If YES – Complete Su	oplement 16	YES / NO

Section 17 – Advance Decision (previously Advance Medical Directive / Living Will)

Is an Advance Decision required?

Testator 1 If YES – Complete Supplement 17	YES / NO	Testator 2 If YES – Complete Supplement 17	YES / NO			
Section 18 – Appointment of Advisers						
Do you wish to appoint a Financial Advis professional financial advice? If YES – Pl			YES / NO			
Adviser's Name						
Company Name						
Address						
		Introduction Letter	Yes/No			
Postcode P	none					
If you do not have a Financial Adviser, would you like us to recommend a Financial Advisor that we have dealt with in the past and we know will offer you good advice?						
14						
It is important that your executors have access to professional advice; if you have not appointed professional executors, Goodwills Legal Services Limited can still provide support to your executors and we can also offer a full Probate service if required. Would you like Goodwills Legal Service Limited to be the probate advisers to your estate?						

Section 19 - Declaration by Testators

WE CONFIRM that we are over 18 years of age and are of sound mind and that we have read these instructions and supplements thereto or have heard these instructions and supplements thereto read to me and acknowledge and confirm that they represent my intentions as to the disposal of my estate. **WE CONFIRM** that the spelling of all names and addresses is correct.

WE CONFIRM our general instruction in our Wills and we agree to my Executors and Trustees having normal powers to aid the administration of our estate. We do not know of any other trusts / restraints which would prevent our estate being distributed as we have requested.

WE UNDERSTAND that if we change our instructions, Goodwills Legal Services Ltd reserve the right to charge additionally for such work.

WE CONFIRM that the financial arrangements relating to this matter have been provided to us by the advisor and that we are happy with these.

WE UNDERSTAND that it is our choice whether or not we would like Goodwills Legal Services Ltd to provide their drafting service to us and confirm that we would like them to act.

WE UNDERSTAND that by virtue of Section 9, Wills Act 1837, our Wills must be signed by us before two witnesses who are both present when we sign our Wills and **WE FURTHER UNDERSTAND** that instructions relating to the attestation of our Wills shall be sent to us with our Wills in due course. **WE THEREFORE** agree that no person, company or agent of such company responsible for the drafting of our Wills shall be liable if our Wills are incorrectly attested (signed). We have received details of Goodwills Legal Services Ltd attestation services and if we have declined this service, we have done so in the full knowledge that we are taking full responsibility for the correct attestation of our Wills.

WE UNDERSTAND that advice given by Goodwills Legal Services Ltd is based on their understanding of Inland Revenue practices at the time the advice is given. **WE THEREFORE** agree that no person, company or agent of such company responsible for the drafting of our Wills shall be liable if changes in Inland Revenue practices affect any liability to tax or duty.

WE UNDERSTAND that the advice is based on the information that we have supplied. **WE THEREFORE** agree that no person, company or agent of such company responsible for the drafting of our Wills shall be liable if we have withheld information or provided inaccurate information relevant to the drafting of our Wills.

THE DATA PROTECTION ACT 2018 The information recorded in this document may be retained physically or electronically for reference purposes and will be held in accordance with the Data Protection Act 2018 (or in accordance with any subsequent amendments to the legislation or superseding legislation). The information may also be used by Goodwills Legal Services Ltd and its Appointed Representatives to provide you with the details of services suitable to your requirements and to keep you informed of any changes in legislation and practices. Goodwills Legal Services Ltd will NEVER pass your details to any third parties without your authority.

ticking this box.	not to receive information from Goodwi	iis Legai Services Limite	a you should indicate thi	s decision by
tioking this box.				
SIGNED BY FIRST T	ESTATOR	SIGNED BY SECON	D TESTATOR	
Date		Date		
Section 20 – Will Stora	age and Maintenance			
	cure your Wills and documents with 0 ree update service? If YES – Complet		es Limited and take	YES / NO

Appropriate Office Notes Relating to the Case:	

<u>Goodwills Legal Services Limited Ltd.</u> Verification of Customer Identity and Address

Evidence of Identity

Document	Reference Number			
Current full signed		Place of Birth	Date of Birth	Expiry date
passport			/ /	/ /
** Current UK/EU				Expiry date
Full Driving Licence				/ /
Firearms Certificate		Issuing Authority:		Issue date
				/ /
** State Pension or		Issuing Authority:		Issue date
Benefit Book				/ /
Inland Revenue tax		Type: P45 / P60 / Not	tice of coding	Issue date
notification			-	/ /
Other acceptable		Details		Issue date
evidence of identity				/ /

Evidence of Address

Document	Reference Number		Circle YES or NO	
Home Visit			Premises Entered YES / NO	Date of Visit/
Most recent Mortgage Statement		Name of Lender	Address Current YES / NO	Issue date//
Bank/Building Soc. Statement or passbook		Name of Issuer	Address Current YES / NO	Issue date//
Utility Bill (not mobile phone)		Name of Utility Company	Address Current YES / NO	Issue date/
** Current UK/EU Full Driving Licence			Address Current YES / NO	Issue date/
** State Pension or Benefit Book		Issuing Authority:	Address Current YES / NO	Issue date //

^{**} Items can be used for either evidence of name or address but not both

Applicants Details

/ (prioditio Dotailo				
Name	Address	Date of Birth		
		1 1		

I confirm that I have verified the identity of the client and have:

- a) seen the original documents
- b) checked that documents requiring a signature were pre-signed
- c) confirmed that any associated photograph is a good likeness of the client

Tick				

This certificate should be signed by the person who has seen the original evidence				
Signed				
Name				
Position		Date		

N.B. A separate form must be used for each client.

<u>Goodwills Legal Services Limited Ltd.</u> Verification of Customer Identity and Address

Evidence of Identity

Document	Reference Number			
Current full signed		Place of Birth	Date of Birth	Expiry date
passport			/ /	/ /
** Current UK/EU				Expiry date
Full Driving Licence				/ /
Firearms Certificate		Issuing Authority:		Issue date
				/ /
** State Pension or		Issuing Authority:		Issue date
Benefit Book				/ /
Inland Revenue tax		Type: P45 / P60 / Not	tice of coding	Issue date
notification			-	/ /
Other acceptable		Details		Issue date
evidence of identity				/ /

Evidence of Address

Document	Reference Number		Circle YES or NO	
Home Visit			Premises Entered YES / NO	Date of Visit//
Most recent Mortgage Statement		Name of Lender	Address Current YES / NO	Issue date//
Bank/Building Soc. Statement or passbook		Name of Issuer	Address Current YES / NO	Issue date//
Utility Bill (not mobile phone)		Name of Utility Company	Address Current YES / NO	Issue date //
** Current UK/EU Full Driving Licence			Address Current YES / NO	Issue date
** State Pension or Benefit Book		Issuing Authority:	Address Current YES / NO	Issue date //

^{**} Items can be used for either evidence of name or address but not both

Applicants Details

Name	Address	Date of Birth
		/ /

I confirm that I have verified the identity of the client and have:

- d) seen the original documents
- e) checked that documents requiring a signature were pre-signed
- f) confirmed that any associated photograph is a good likeness of the client

Tick

Signed	This certificate should be signed by the person		<u>g</u>
Name			
Position		Date	

N.B. A separate form must be used for each client.