Source of wealth declaration



Please fill in the form using the input boxes provided and tick any boxes which apply.

To ensure compliance with regulatory requirements, please use this form to provide details on your sources of wealth. If a section is not applicable, you should leave it blank. You may also be required to provide supporting documentation as evidence upon request.

Information	
Customer name Are you: An existing customer A new customer	If an existing customer, please supply your reference number
1 Pension/other salaries/additional regular income Name of organisation/business Type/nature of business Value of income received £	Frequency of income received Start date D D M M Y Y Y Y Retirement date (if applicable) D D M M Y Y Y Y
Total value Date received Date received Date payer/donor Name of payer/donor Investment income	Your relationship to the payer/donor Source of payer/donor's wealth
Provider name Investment type	Total value £ Date received MMMYYYYY
Address of property Postcode How was the property originally acquired? 5 Rental income Address of property	Date the property was originally acquired DDDMMMYYYYYY Value of the property when originally acquired £ Total sale proceeds (If applicable) £ Date the property was sold (if applicable) DDDMMMYYYYYY Frequency of amount received
Address of property Postcode Amount received f	Weekly Monthly Annually How was the property originally acquired? Value of the property when originally acquired £

-9	
6 Sale/profit from a business	
Name of business	Source of profit (e.g shareholder dividend)
Nature of business	Description of how business/shares were acquired
Amount received £	
Date of sale (if applicable)	
7 Other	
Please provide a full description of any other sources, including the amou	nt, the year of acquisition and how this occurred, any disposals or how
ongoing income is generated, etc. You can also use this space to provide a	
8 Declaration	
I confirm that this is an accurate summary of my source of wealth and if re	equested I can provide appropriate supporting evidence.
Signature	Print name
Signature	
	Date
	D D M M Y Y Y

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