

Please return this form to the following address: **HSBC House, Esplanade, St. Helier, Jersey, JE1 1HS.**

CERTIFICATION OF IDENTIFICATION DOCUMENTS

A certified copy of your passport or national ID Card is acceptable to confirm your identity. The copy must include the passport number, signature and expiry date. **Please use the certification page below to assist you in a successful submission**

WHO CAN CERTIFY YOUR DOCUMENTS

The following people can certify photocopies of your documents:

- Bank Manager of a licensed, regulated bank.
- Embassy Consulate or High Commission Official of the country of issue of the documentation
- Lawyer or Notary Public
- A Member of the Judiciary or a Senior Civil Servant
- Accountant or Tax Adviser†
- Actuary†

†Who is a member of a recognised professional body

Place original of Photographic Identification
here and copy

CERTIFICATION OF IDENTIFICATION - Please complete in block capitals

I confirm that the original document has been seen and the above copy is a complete and accurate copy of the original. I also certify that the copy of the photographic document bears a true likeness to the individual requesting certification.

Signature of Certifier _____
Full name of Certifier _____
Address _____

Profession _____
Contact Number _____
Date _____

Please add professional stamp if held.

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CERTIFICATION OF RESIDENTIAL ADDRESS DOCUMENT

One certified confirmation of the residential address in the form of a copy of a recent utility bill (not mobile phone), credit card bill or bank statement.

Date of Document (within last 4 months)					D	D	M	M	Y	Y
Name of Company										
Document Type e.g. Gas bill, water bill, bank or credit card statement etc										

Please use these sections to assist you in a successful submission or ensure that the wording shown is reproduced EXACTLY and all the details of the certifier are provided.

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† Who is a member of a recognised professional body

CERTIFICATION OF RESIDENTIAL ADDRESS PROOF - Please complete in block capitals

The certifier must sign the copy of the document as proof of sighting.

I confirm that the original document, detailed above, copied and attached to this certification has been seen and the copy is a complete and accurate copy of the original.

Signature of Certifier _____

Full name of Certifier _____

Address _____

Profession _____

Contact Number _____

Date _____

Please add professional stamp if held.

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