

Anti-Money Laundering Declaration

This declaration form must be completed for each application to purchase, in all cases

**Please return this completed form with your Right to Buy Application (RTB1) to:**

Shropshire Towns and Rural Housing

Mount McKinley House

Anchorage Avenue

Shrewsbury Business Park

SY2 6FG

|  |  |  |
| --- | --- | --- |
|  | Tenant 1 | Tenant 2 |
| First names |  |  |
| Surname |  |  |
| Date of birth |  |  |

|  |  |
| --- | --- |
| Address |  |
|  |
|  |
|  |

|  |  |
| --- | --- |
| Postcode |  |

Please confirm below the names and addresses of **all** the people involved in the purchase (excluding yourself). This should include people who may be providing money who have not been named on the Right to Buy application.

|  |  |  |
| --- | --- | --- |
| Name | Address | Relationship to you |
|  |  |  |
|  |
|  | Postcode |  |
|  |  |  |
|  |
|  | Postcode |  |
|  |  |  |
|  |
|  | Postcode |  |

You will need to provide documentation to confirm the identity of those listed above. (There is a list of acceptable documentation at the end of this form).

Please tell us where the money for the purchase is coming from. If family/friends are lending or gifting the money include their names below and where they will be obtaining the money from.

|  |  |  |
| --- | --- | --- |
| Name (You or family/friend) | Source(i.e. mortgage, savings, loan, inheritance) | Amount (% of purchase) \* |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

\*Please note, if you are getting a mortgage the Amount/percentage will be 100%.

**All the people involved in the purchase must read and sign this.**

** I / we declare** that the information I / we have given on this form is correct and complete.

** I / we understand** that if incorrect or incomplete information is knowingly given, I / we may be liable to prosecution or other appropriate action.

** I / we understand that the** verification process of my RTB application will include ST&RH undertaking a credit check with a credit referencing agency, of which I agree to.

** I / we understand** the information provided will be used for money laundering purposes. It may also be shared with other council services and data processors acting on behalf of the council, in order to prevent and detect fraud and protect public funds.

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name (Print) |  |  |  |  |  |  |

|  |
| --- |
| Signature |

|  |
| --- |
| Signature |

|  |
| --- |
| Signature |

|  |
| --- |
| Signature |

 |  |
|  Date |  |  |  |  |  |  |  |
| D | D | M | M | Y | Y |  |
|  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name (Print) |  |  |  |  |  |  |

|  |  |
| --- | --- |
| Signature  | Signature |

|  |
| --- |
| Signature |

|  |
| --- |
| Signature |

|  |
| --- |
| Signature |

 |  |
| Date |  |  |  |  |  |  |  |
| D | D | M | M | Y | Y |  |
|  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name (Print) |  |  |  |  |  |  |

|  |
| --- |
| Signature |

|  |
| --- |
| Signature |

|  |
| --- |
| Signature |

|  |
| --- |
| Signature |

 |  |
| Date |  |  |  |  |  |  |  |
| D | D | M | M | Y | Y |  |
|  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name (Print) |  |  |  |  |  |  |

|  |
| --- |
| Signature |

|  |
| --- |
| Signature |

|  |
| --- |
| Signature |

|  |
| --- |
| Signature |

 |  |
| Date |  |  |  |  |  |  |  |
| D | D | M | M | Y | Y |  |
|  |  |  |  |  |  |  |

For each person included on this form you are required to confirm their identity. Documentation must be either a driver’s license, passport, birth certificate or Home Office documentation (where applicable). **Only original documents will be accepted**