Sefton Direct Payments Know your Customer Form (KYC)

Account holder name:	
Address	
Postcode	
Date of Birth	
Contact Telephone	
Email Address	
NI Number	
(employers only)	
2. Client / Service User	details
Address	
Address	
Postcode	
	ite prepayment cards on behalf of the account holder. We are required by ist Financing and Transfer of Funds (Information on the Payer) Regulations
	account holder's identity and retain documented proof of the account of birth. Please see attached list for documents allowed.
documents sent must eithe	r be photocopies, scans or photographs.
	quested information with EML Payments Group , for the purpose of g, Terrorist Financing and Transfer of Funds (Information on the Payer)
otection legislation and UK G	the processing of any personal data as defined in the current data DPR for assessing, implementing and monitoring of Direct Payments and for ry requirements or obligations to third parties.

All personal information will be destroyed within 1 year of the prepayment account closing.

Signature of Account Holder: _____ Date: ____

OFFICE USE ONLY

Council ID	
	Council ID

	Document Type	Copy on file
Name		Y/N
Address		Y/N
DOB		Y/N
Prepayment Card De	tail	
Prepayment Card De Wallet	tail 691 / 692	

Cardholder Name		
Account number		
Supplier Id		
Sort Code	23-75-24	
Address	City International Operations 200	
	St Swithins House	
	St Swithins Lane	
	London	
Postcode	EC4N 8AS	

DP Adviser	ADULTS / CWD Agency/Payroll/Mixe	
DP Start Date	1st Payment onto PPC	
Hours Per Week	Gross Weekly £	CC £
Biff Sheet Completed		1

KYC Verification Documents - Checklist

The below lists are a guide in relation to the appropriate types of recognised documents that should be verified by any organisation who are authorised to conduct their own KYC to establish Proof of identity (POI) and Proof of Address (POA).

For programme types NOT under a Court of Protection/Appointeeship referral – the following documents should be verified prior to the issuance of a PFS prepaid Card.

1. Record of Identity Confirmation

- EITHER 1 Document from LIST A
- OR
 2 Documents from LIST B (or 1 if you have indicated that you have visited the cardholder at their home address)
- OR 1 document from LIST B AND 1 document from LIST C

List A

Conditions for all documents in this list:

Photograph must be a true likeness

DOCUMENT	DETAIL to be Checked/Recorded
Current valid signed passport (UK or International)	Passport number: Date of Issue: Country of Issue: Expiry Date:
Current EEA or UK photo card driving licence	Licence number: Expiry date: (Must NOT be provisional. Must be signed)
European National ID Card (UK Citizen card accepted also)	ID number: Date of Issue: Country of Issue: Expiry Date:

List B

DOCUMENT	DETAIL
Council Tax Letter/Book	Issuing Authority: Council Tax Number:
Current full UK driving licence - old style (without photo)	Licence number: Expiry date: (Must NOT be provisional. Must be signed)
Letter from the Department of Work and Pensions	Benefit Reference Number: (Ensure applicant is of pensionable age)
Benefit Book / Statement issued by Department of Work and Pensions	Benefit Reference Number: (Date of birth must match that recorded in section 1)

Prepaid Financial Services - KYC Document Guide

Benefit Statement	Benefit Reference Number: (Date of birth must match that recorded in book)
Biometric Residence permit issued	Permit number:
by Home Office to EU nationals	(Must be photographic, indicate country of issue and be current. Photograph must be true likeness)
Authorised letter of other sort	Date issued:
confirming address (Police letter,	Authority issued by:
Social worker, landlord etc.)	(Must be less than 3 months old)

List C

DOCUMENT	DETAIL
Utility bill or statement (e.g. gas, telephone, electricity), or a certificate from a supplier of utilities confirming the arrangement to pay for the services on pre-payment terms.	Company issuing bill: Account number: Date of issue: (Must be less than 6 months old, mobile telephone bills or any bill printed from the Internet are NOT acceptable)
Bank Statement Building Society of Credit Union Statement	Bank Name Branch Location: (Must be less than 6 months old) Institution Name: Location:
House insurance certificate	Date of issue: Policy number: Date of issue: (Must be less than 12 months old, only the original policy or certificate may be used)
Council issued blue badge	Reference number: Date of issue: (Must be current and issued within last 12 months. Photograph must be true likeness)
TV licence renewal notification	Licence number: Date of issue: (Must be current licence dated within last 12 months and must be a renewal not a first licence)
Motor insurance certificate or policy	Policy number Date of issue (Must be less than 12 months old, only the original policy or certificate may be used)
Personal Assessment Record/Statement /Direct Payment Plan – conducted at Cardholders Address	Date of Assessment: Signature of assessor: Address of assessment: (Address must match cardholder and assessment be less than 3 months old and signature of authorised council representative)