

## AML DECLARATION - COMPANY

COMPANY NAME OR TRUST NAME

COMPANY IRD NUMBER

--	--

EMAIL

PHONE

--	--

REGISTERED OFFICE ADDRESS


DIRECTOR NAME

IRD NUMBER

--	--

DIRECTOR NAME

IRD NUMBER

--	--

### DECLARATION:

I/WE

- Have read, understood, and agree to abide by the Terms of Engagement.
- Authorise any person or company, under the Privacy Act 1993, to provide All Accounting Solutions Limited with any information required in providing the services.
- Undertake to pay accounts as they fall due.
- Agree all unpaid accounts will incur collection/legal fees (as between solicitor and client).

### Signed and accepted for:

Director Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Director Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

***Note: For us to satisfy AML regulations we need all individuals to send us a copy of photo identification (Driver's Licence / Passport etc.) and proof of address (phone or power bill, bank statement etc.)***