

AML DECLARATION - COMPANY

COMPANY NAME OR TRUST NAME

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COMPANY IRD NUMBER

EMAIL

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PHONE

REGISTERED OFFICE ADDRESS

DIRECTOR NAME

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IRD NUMBER

DIRECTOR NAME

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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.)