



VITTORIA SAFEBOXES LIMITED

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T/A VITTORIA SAFEBOXES

SAFETY DEPOSIT BOX REGISTRATION FORM AND CUSTOMER PROOF OF IDENTITY FORM (CORPORATE)

TO BE COMPLETED IN BLOCK CAPITALS

Proof of identification must be provided under the terms of the Money Laundering Regulations 2007. Each customer should complete a separate form and each provide the originals or certified copies of the items of identifications requested below.

CUSTOMER PROOF OF IDENTITY – CORPORATE

COMPANY NAME _____

REGISTERED OFFICE ADDRESS _____

COMPANY TELEPHONE NUMBER _____

E-MAIL ADDRESS _____

COMPANY REGISTRATION NUMBER _____

DESCRIPTION OF BUSINESS _____

NAME OF NOMINATED DIRECTOR OR AUTHORISED PERSON _____

TICK ITEM(S)

DOCUMENTS REQUIRED	TICK BOX
CERTIFICATE OF INCORPORATION	
IDENTITY OF DIRECTOR AND MAIN SHAREHOLDERS	
LETTER OF AUTHORITY SIGNED BY TWO DIRECTORS	
VERIFICATION OF THE IDENTITIES OF AT LEAST 2 DIRECTORS AND ANY SHAREHOLDERS HOLDING MORE THAN 25% OF THE ISSUED SHARE CAPITAL	

Signed _____

Dated _____

CORPORATE REGISTRATION

COMPANY NAME _____

REGISTERED OFFICE ADDRESS _____

TRADING OFFICE ADDRESS _____

OFFICE TELEPHONE _____

MOBILE _____

EMAIL _____

COMPANY REGISTRATION NUMBER _____

VAT NUMBER _____

NOMINATED DIRECTOR NAME _____

ADDRESS _____

BOX TYPE AND INSURANCE SELECTION

BOX TYPE	PLEASE TICK	INSURANCE TYPE	PLEASE TICK
A		STANDARD	
B		PLUS ONE	
C		PREMIUM	
D			
E			
F			

BOX NUMBER _____

The Terms and Conditions supplied by SAFEBOXES LIMITED have been read and agreed to.

Signed by the nominated Director for _____

Signed _____

Dated _____