

Customer Application

Please complete the following details:

1. Name: DAVID JOHN GRAHAM CRAIG

2. Address: 73C BACK PEEDLES STREET ARL

Post Code: KA8 8DU

3. Type of documents provided:

Passport

Driving Licence

Utility Bill²

Bank Statement²

Other

4. Name of the organisation / company that the certified copies are being sent to:

ALLER LEGAL

Post Office use:

Attach Customer
Receipt Here

Post Office Use:

1. Scan the bar code below and enter the details provided by the Customer on Horizon.
2. Complete the tick box, sign and date stamp the section below.
3. Attach the Horizon generated receipt to this form, in the space shown above.
4. Return the certified copies, original documents and this completed form to the Customer.



9826031012345678905

Original ID Seen

Photocopy signed & dated

Fee accepted (If applicable)

Signed: M. Cople

Date stamp here:



² Usually dated with 3 months

