SOURCE OF WEALTH STATEMENT

Please complete the following information:

Stars ID:

We are committed to the international effort to detect and prevent online gambling services being used to launder the proceeds of crime, and to protect the vulnerable from being harmed by gambling. To help with this, we must comply with legal and regulatory obligations obtaining information about how our clients have acquired the wealth that allows them to meet the cost of using our services. We also require documentary evidence to support the Source of Wealth description. All information collected in this form will remain confidential and secure in accordance with any relevant data protection laws.

This document has been created to serve as a declaration of Source of Wealth. Please complete applicable sections as accurately as possible and submit to verification@starsaccount.co.uk along with the supporting documentation.

CLIENT INFORMATION — Please complete this section with your personal information. Submitting incomplete or inaccurate information may cause delay in the amount of time taken to process this document.

Email Address:

	••••••			
Full Name:				
Date of Birth: (DD/MM/YYYY)	Telephone Home:	Telephone Mobile:		
Residential Address:				
Residential Address 2:				
City:	Country:	Zip Code:		
with us, please complet	e the following section. Should the funds de complete or inaccurate information may cau	e of Wealth, i.e. how you acquired the funds you are planning to depos rive from multiple sources, please fully complete each relevant use a delay in the amount of time taken to process this document.		
	EMPLOYM	ENT INCOME		
You are required to provide	ry or bank account statements showing last three	count, please complete the following section. on stated, which could include: Past three months' wage slips, letter from months' salary payments, or if self-employed: Recent, complete audited		
	PLOYMENT INCOME lete if you are an employee)	EMPLOYMENT INCOME (Complete if you are self-employed)		
Occupation:		Occupation:		
Employer's Name and Add	dress:	Company Name and Address:		
Annual Salary:		Annual Salary:		
(Including bonus, if applic		(Including bonus, if applicable)		
Percentage of Account Fu	unding (%):	Percentage of Account Funding (%):		
	POKER/GAMB	LING WINNINGS		
In order to verify the infor	mation, you are required to provide supporting d	g organisation that have contributed to the funding of your Stars Account. ocumentation, such as: Letter from paying organisation confirming the ent/winnings, copies of bank statements showing payment of winnings.		
Details of Win:				
Amount of Win:		Date of Win:		
Name of Organisation:		Percentage of Account Funding (%)		

INVESTMENT					
Please complete in relation to any investment which has contributed to the funding of your Stars Account. You are required to provide documentary evidence such as investment statements and confirmation of funds from the investment company.					
Investment Company Name:					
Investment Company Address:					
Amount of Investment:		Amount Realised:			
Time investment has been held:		Percentage of Account Funding (%):			
PROPERTY SALE					
Please complete in relation to any property sales which have contributed to the funding of your Stars Account. You are required to provide documentary evidence such as a sales contract or solicitor's letter.					
Address of Property:					
Date of Sale:	Amount of Sale:		Percentage of Account Funding (%):		
COMPANY SALE					
Please complete in relation to any company sale which has contributed to the funding of your Stars Account. You are required to provide documentary evidence such as a sales contract or a solicitor's letter.					
Name of Company:					
Address:					
Country of Incorporation:		Nature of Business:			
Percentage Share in Company:		Amount of Sale			
Date of Sale:		Percentage of Account Funding (%):			
	INHER	TANCE			
Please complete in relation to any inheritance payment, which has contributed to the funding of your Stars Account. You are required to provide documentary evidence such as Grant of Probate (including a copy of the will) or a solicitor's letter.					
Name and Relationship to Donor:					
Amount Received:	Date Received:		Percentage of Account Funding (%):		
COMPENSATION PAYMENT					
Please complete in relation to any compensation payment, which has contributed to the funding of your Stars Account. You are required to provide documentary evidence such as a letter/court order from the compensating body or a solicitor's letter.					
Name of Compensating Payer:					
Reasons for Payment:					
Amount Received:	Date Received:		Percentage of Account Funding (%):		
OTHER					
Please complete in relation to any other income, which may have contributed to the funding of your Stars Account. You are required to provide appropriate supporting evidence, dependent on the information provided.					
Nature of Income:					
Amount Received:					
Date Received:					
Payee:					
Percentage of Account Funding %:					
I certify that this Source of Wealth Statement represents my true source of funds as of this date.					
X Client Signature		 Date (DD,	/MM/YYYY)		