

## REQUEST OF TRANSACTION RECORDS

Please complete this form and send it with a copy of the customer's identification [Compliance\\_UK@riafinancial.com](mailto:Compliance_UK@riafinancial.com) or by post to Ria Financial Services Limited, 07<sup>th</sup> Floor North Block, 55 Baker Street, London W1U 7EU addressed to the Compliance Department. The customer must sign the form where shown.

Ria Financial Services will not release any information to anyone other than the customer once the customer has confirmed their identity unless the customer has given express consent. Proof of address may be requested to further verify the customer as per Ria's internal policy.

Date: ..... Agent number: .....

Full Customer Name .....

Customer's Email: .....

RIA Customer Number: .....

Customer ID number: .....

**List the full name of the beneficiaries:**

.....  
.....  
.....  
.....

Customer Signature: .....

If the customer does not have an email address, then it is understood by Ria and the customer that by signing below, the customer gives Ria express consent to release the transaction records to the persons stated below.

Transaction records to be released to: .....

Customer Signature: .....

