

DOMINION
CAPITAL STRATEGIES



Address Description Form (ADF)

ADVISOR

Name: _____

E-mail: _____

Phone: _____

A Verification of Residential Address

You must prove your residential address as part of the Application process. Please provide one of the following documents:

- Utility bill (electricity, water, natural gas, fixed line telephone)
 - Please note that mobile/cell phone bills, Internet or Cable-TV are not acceptable
- Bank or credit card statement
- Tax revenue notice

Note: Any document provided cannot be more than 3 months old at the date of Application

If you are unable to provide any of documents listed above, then please read and complete the following sections.

B Declaration of Residential Address

This section can be used with all Dominion Capital Strategies products to confirm your residential address by making a Declaration.

Date

Name of Applicant

I confirm that the address or the location described below corresponds to the address in which I currently reside

When Dominion Capital Strategies receives a Verification of Residential Address Form, it needs to understand why a valid evidence document cannot be provided.

Please choose one of the following options as appropriate:

- My utility bills and bank statements include my correspondence address only
- My region does not have a home mail or Zip Code system
- I reside in a company-provided accommodation and the utility bills are in the company's name
- I reside with my parents/spouse and all utility bills/proof of residence are in his/her name(s).
- Other. Details: _____

I have enclosed supporting documentation for the above stated reason. For example:

- a Copy of a valid residence address evidence showing the correspondence address stated in the application form
- a Copy of a valid residence address evidence in the name of the company including my residential address
- a Copy of a valid residence address evidence in the name of my father/mother/spouse and a document confirming our relationship

C Signatures

Applicant's name: _____

Date: _____

Signature: _____

Financial Advisor: _____

Date: _____

Signature: _____

Please fill in the following information if you **reside with another person and bills are in his/her name**

Name of the person whose name appears on the bill: _____

Date: _____

Signature: _____

I, declare that lives with me and my residential address is the one declared in Section B - Declaration of Residential Address