

Thursday, 28 October 2021

PRIVATE & CONFIDENTIAL

Data Processing Centre
Retirement.Capital
Venture Wales Building
Merthyr Tydfyl Industrial Business Park
Merthyr Tydfyl
Wales
CF48 4DR

RE Additional Trustee – ATB FIRE SAFETY EXECUTIVE PENSION

Dear Sir or Madam

With reference to the above scheme, please find enclosed details of a new trustee and necessary documentation to add to the scheme following a regulation review completed by yourselves.

I would be grateful if you could invoice Stratford Collins Consultants for the associated works required to complete this process in line with your previously confirmed and agreed fees of £200 as we will be settling your fees.

Please also find attached a signed AIB payment instruction from our clients authorising payment of our invoice associated with our works and your fees in completing these requirements. I would be grateful if the payment instruction could be processed following the usual procedures at which point we will settle your corresponding invoice to us.

If I can be of any further assistance, please do not hesitate to contact me.

Yours faithfully

Adrian Shakespeare Dip PFS, Cert's CII (MP & ER)

Managing Director



ATB FIRE SAFETY EXECUTIVE PENSION

Additional Trustee 1:

Name:	JACKIE BURUS.
Home Address:	JACKIE BURNS. 4 PARC CASTELL Y MYNTHCH CLEIGIAU CARDIFF CFIS 9NU.
	CARDIFF CF15 9NU.
Date of Birth:	14/2/59
Email address:	JAB59@ TALKTALK. NET.
Additional Trustee 2:	
Name:	
Home Address:	
Date of Birth:	
Email address:	
Additional Trustee 3:	
Name:	
Home Address:	
Date of Birth:	
Email address:	
Signature:	LIAN BURNS Date: 20/10/21
Print Name: AD	LIAN BURNS - Date: 20/10/21



Invoice Billing Address:

Company

Invoice Number: 4537 Name ATB Fire Safety Executive

Pension Pension

Address 4 Parc Castell-Y-Mynach Invoice Date: 28/10/2021 Creigiau

Creigiau Cardiff

Postcode CF15 9NU

Service Information:

Client	Fee Description	Amount Each	Total Amount
ATB Fire Safety	Trustee Administrative Assistance		£350.00
		Subtotal:	£350.00
		:	
		Expenses:	
		Grand Total:	£350.00

Payment is required within 14 days of receipt of Invoice, a prepaid envelope is enclosed for your convenience.

Notes	N	ot	е	s	
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Bank Details:

Stratford Collins Consultants Lloyds TSB, 18 Wyndham Street, Bridgend, CF31 1EQ Account Number; 00422204 Sort Code;30-91-18

Stratford Collins Consultants Limited, PO BOX 83, Llantwit Major, Vale Of Glamorgan, CF71 9BT

Registered in England and Wales No. 5951675

Tel; 01446 500538 E-Mail; adrian@stratfordcollins.co.uk

Outward Payment Instruction

(Faster Payments & CHAPs)



V.A.M.

Registered Scheme Administrator

1. Customer details							
Customer Name ATB FI	IRE SAFETY	Account Number 0 4	9 1 9 0 8 8				
2. Payment det	2. Payment details						
Payment Type ✓ Faster Payment (N CHAPs (£25.00 Fe) Account To Account	ee)						
Amount (GBP)	3 5 0 0 0	Date To Process					
Amount in Words	REE HUNDRED AND FIF	TY POUNDS					
3. Beneficiary l	Information						
Beneficiary Name	STRATFORD COLLINS	CONSULTANTS					
Beneficiary Sort Code	3 0 9 1 1 8						
Beneficiary Account Number	0 0 4 2 2 2 0	4					
Payment Reference (if applicable)	ATB TRUSTEE						
4. Customer Signature Authorised Signature Date: 20/10/Z/ Date:							
FOR INTERNAL USE ON	NLY						
Input By:		Authorised By:					
Signature:		Signature:					
Date:	5.7	Date:					