

Church House Trust

BANK ACCO	OUNT APPLICATION FORM
Name of Scheme	
PSTR No.	
Administrator (full name)	Address
Trustee (full name) (For copy bank statements to be sent)	Address
Trustee (full name)	Address
Trustee (full name)	Address
with this account. IFA / Practioner / SSAS adviser (Name and address) Daws House, 33-35 Daws Lane, Lo	Pension Practitioner .Com ondon, NW7 4SD
We wish to open a Church House Trust Instant Access Account. Interest earned will be added to the account.	For internal use only) rovision Number: ank Account Number: (60-95-31)
Contact telephone number (work)	Mobile
We have read and agree to the terms and conditions House Trust pay all cheques and other instructions for authorised officials (delete as appropriate).	applicable to this account, and authorise and request that Church or payment signed on our behalf by one/ two of the following duly
Signed on behalf of the Administrator (if applicable)	Date
Signed on behalf of the Trustee R.B.T. R.	Date
Signed on behalf of the Trustee R.B.T., R.V. Signed on behalf of the Trustee A. M.V.	eM · Date
Signed on behalf of the Trustee	Date

