## **Pension Scheme Application**

Tel No. (Home)

Signature

Position in Scheme

How to complete this form: Please complete section 1 to 4 of this form. All sections are mandatory

- Please use BLOCK CAPITALS and ensure each Trustee of the Scheme signs (x) in the section 3
- Please read the TD Waterhouse Customer Terms of Service before signing the application

Should you	u require any help o	ompleting this form, pleas	e do not	hesitate to call	us on 0845	607 6001	
1 Applic	ation						
Name of Pension Scheme		BALLPARKENF	PE	عاء ماءود	HEME		
Registered Address		14 VIEWFIELDS, LONDON	201	1D		Postcode S	118 INA
Client Code (To be by TD Waterhouse)	0.53	22.02.4		7			
Registered Number	nal Details	3309305	<del>, , , , , , , , , , , , , , , , , , , </del>	Nature o	t Company's		LIANTS
Mr/Mrs/Miss/Ms	MR		Surnam	EMANU	FI		
First Names	ANDRE	w	0.000	DATAIO	and the second	21/0	1/1948
Address		IELD ROAD	INA	Previous Add  (If you have lived at present address fo than 3 y	your r less	N/A	Postcode
Tel No. (Home)		74-7737		Tel No. (Busin	ess) 020	8-874-7	737
Position in Scheme	TRUSTER			Client Co			
Signature	nature X A- Emanuel- Date 28 012014						
3 Admir	nistrator &	Trustee Details					
Mr/Mrs/Miss/Ms	MR		Surnam	EMAN	JEL		
First Names	ANDRE	U			Date of I	Birth 21/07	11948
Address	14 VIEW F SOUTHFIE LONDON	LDS Postcode Swis	INA	Previous Add (If you have lived at present address for less 3 y		~ (A	Postcode
Tel No. (Home)	0208-87	4 - 7737		Tel No. (Busin	ess) 020	8-874-77	37
Position in Scheme	TRUSTEE			Client Co	10		
Signature	X A- Ema	mul		Date	2 8	0120	14
Mr/Mrs/Miss/Ms	MS		Surnam	Donz	E		
First Names	COLETTE	MARIE			Date of I	Birth	
Address	SOUTHFIELD LONDON		INA	Previous Add (If you have lived at present address for less 3 y	ress your than ears)	N/A	Postcode
Tel No. (Home)	0288-8	74-7737		Tel No. (Busin	ess) 0 2 d	8-874-7	737
Position in Scheme				Client Co	ode		
Signature	x CNO	bre		Date	2 8	0120	14
Mr/Mrs/Miss/Ms			Surnam	9			
First Names					Date of I	Birth	
Address		Postcode		Previous Add (If you have lived at present address for less 3 y	vour		Postcode

Tel No. (Business)

Date

Client Code

Page 1 of 2

## 3 Continued

Mr/Mrs/Miss/Ms		Surname			
		Junaine			
First Names				Date of Birth	
Address	Postcode		Previous Add (If you have lived at present address for less 3 y		Postcode
Tel No. (Home)			Tel No. (Busir	ness)	
Position in Scheme			Client C	ode	
Signature	Х		Date		
Mr/Mrs/Miss/Ms		Surname			
First Names				Date of Birth	
Address	Postcode		Previous Add (If you have lived at present address for less 3 y		Postcode
Tel No. (Home)			Tel No. (Busin	ness)	
Position in Scheme			Client C	ode	
Signature	X		Date		
4 Autho	risation to Deal				
Please enter below	the full names of the members who you wish to have aut	thority to deal and	transfer funds on t	the Pension Scheme	s behalf.

ANDREW EMANUEL	Signature: X A - Emann	el
COLETTE MARIE DONZE	Signature: X Man	u
	Signature: X	

## 5 Declaration

- · We wish to apply for a TD Waterhouse Share Dealing Account.
- We confirm that we have read and understood the TD Waterhouse Customer Terms of Service, and agree to be bound by their terms.
- We confirm we have read and consent to the use of our personal information as set out in clause 19 of the TD Waterhouse Customer Terms of Service.
- We understand that by submitting this form, we are indicating our consent to receiving marketing information as described in the "Keeping you informed" section as set out in Clause 19.2 of the TD Waterhouse Customer Terms of Service unless we have indicated an objection to receiving such information by ticking the following box 🗆
- We understand that TD Waterhouse are not obliged to accept our application and do not have to give reasons for not proceeding with our application.
- · Responsibility for ensuring that investments in the pension comply to Inland Revenue guidelines lies with the Trustee(s). TD Waterhouse cannot be held responsible or liable for rectifying any trades in non-compliant investments.
- We understand all withdrawals from the pension fund will be made in the name of the pension scheme.
- · We confirm that our permanent address is not outside the United Kingdom.
- . We confirm that we are over 18 years of age and that the information given is true and correct.
- We undertake to notify you promptly of any changes to the details supplied.

Signature	X	<b>A</b> -	Quan	uel.	3	Date	28012014
Checkli Before you ret account. Pleas	urn the a	oplication	form please e	nsure you have	completed all the r	elevant sections a	and enclosed all necessary documentation to open the
The Pension Tr Note: We rese search. In cert Laundering Re	rve the rig ain circum	ght to ma istances v	ke such enquir	ies as we consid	*This document will der necessary to co- identity and address	nfirm the details i	ou. provided, which may necessitate a credit reference /underlying clients in order to comply with Money

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