

Church House Trust

	BANK ACCO	DUNT APPLICATION FORM	
Name of Scheme	SSAS - BUN MA	NBLE PINSION SCHEME Designated Client AC	٠
Professional Trustee		Address	
Professional Trustee	(run name)	7.00.000	
- 4 46 10 - 3 45	'an annu hank statements to be	Address Di la Mar CALL Cancer L. (5)	
Trustee (full name) (F	or copy bank statements to be	Address BLN MARSH CAPITAL LTD WEIL CUTTAGE, 2 LAINDOW ROAD, BELLERICAY, ESSLY, CM12 9LD	
	HENKON	CELLEGICAL ESSEX. CAIS ON TOTAL	
MTCHACL Trustee (full name)	P) (3030. 0	Address	
		AS ABOVE.	
STHATE L	NILSON		
Trustee (full name)		Address	
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Trustee (full name)		Address	
(120000 (120000)			
		that they may consider a connection	
I/We authorize Church with this account.	n House Trust to release any info	ormation to the following company that they may request in connection	
IFA/Practioner/SSAS adviser (Name and address)			
***************************************	••••••		
We wish to open a Church House Trust Instant Access Account. Interest earned will be added to Number:			
Access Account. Inter			
We wish to open a Ch Access Account. Inter the account.	est earned will be added to		
Access Account. Inter the account.	est eamed will be added to	Number: Bank Account Number: (60-95-31)	
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Access Account. Inter the account.	est earned will be added to	Number: Bank Account Number: (60-95-31) 7 8 / 8	
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Contact telephone num E-Mail	mber (work)	Number: Bank Account Number: (60-95-31) 28/8 Mobile 07-875 83.28/8 Ins applicable to this account, and authorise and request that Church or payment signed on our behalf by any of the one/ two of the following	variate-
Contact telephone number the account. Contact telephone number the account. Contact telephone number the account. We have read and a House Trust pay all or duly authorised official Signed on behalf of the (if applicable)	mber (work) A A A A A A A A A A A A A A A A A A A	Number: Bank Account Number: (60-95-31) 2818	ugrade
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