

Church House Trust

BANK ACCOUNT APPLICATION FORM

Name of Scheme	SSAS - EDS PENSION SCHEME	Designated Client A/C
	PSTR No.	

Professional Trustee (full name)	Address
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Trustee (full name) (For copy bank statements to be sent)	Address
CATHERINE DAWN STEPHENS	G WEDHENNEK, SILVERLAKE LOSTWITHIEL, CORNWALL PL22 0JP

Trustee (full name)	Address
JOHN STEPHENS	G WEDHENNEK, SILVERLAKE LOSTWITHIEL, CORNWALL PL22 0JP

Trustee (full name)	Address
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Trustee (full name)	Address
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I/We authorize Church House Trust to release any information to the following company that they may request in connection with this account.

IFA/Practitioner/SSAS adviser (Name and address).....

We wish to open a Church House Trust Instant Access Account. Interest earned will be added to the account.	(For internal use only) Number:
	Bank Account Number: (60-95-31)

Contact telephone number (work) 01208-873647 Mobile
E-Mail john.anddawn1@hotmail.co.uk

We have read and agree to the terms and conditions applicable to this account. and authorise and request that Church House Trust pay all cheques and other instructions for payment signed on our behalf by any of the one/ two of the following duly authorised officials (delete as appropriate).	
Signed on behalf of the Professional Trustee (if applicable)	Date
Signed on behalf of the Trustee x C D Steads	Date 23/08/13
Signed on behalf of the Trustee x John Stephens	Date 23/08/13
Signed on behalf of the Trustee	Date
Signed on behalf of the Trustee	Date

Church House Trust Limited 3 Goldcroft, Yeovil, Somerset BA21 4DQ
Tel: 01935 609600 Fax: 01935 410674 www.church-house-trust.co.uk

Church House Trust Limited - Registered in England and Wales (Company No. 980698)
Registered office is Discovery House, Whiting Road, Norwich NR4 6EJ. Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority

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