


PENSION FUND ACCOUNT APPLICATION FORM

 **BANK OF SCOTLAND**
CORPORATE

Sigall.

Section 1 – Which and how many accounts do you want to open?

How many?

- ☒ Pension Fund Cheque Account
- ☐ Corporate Deposit Account
- ☒ Guaranteed Fixed Deposit

Section 2 – About the Scheme

2.1 Name of Account(s)

Please enter the name in which you want us to open the Account(s) (maximum 30 characters).

2.2 Name of your Scheme

(the "Scheme")

2.3 Date your Scheme was set up

/ /

2.4 Is the Scheme registered with (or approved by) HM Revenue & Customs and eligible to receive interest gross?

(tick) Yes

☒

No

☐

If 'yes', we must have received a copy of the confirmation of registration of the Scheme with HM Revenue & Customs and have been provided with the Pension Scheme Tax Reference. If 'no', or if we do not receive this supporting evidence, we will pay interest after deduction of tax.

2.5 Contact Address for Statements

Contact name Asghar Ali chandry

Position Trustee

Address 45 Manor House Drive,

London

Postcode NW6 7DE

2.6 Address for Duplicate Statements (complete only if you want duplicate statements – a charge may apply)

Name

Address

Postcode

2.7 Contact E-mail address

@

2.8 Contact Telephone number

020 8830 3126

You can give us additional contact names and addresses if you wish. Please use a separate sheet.

Section 3 – About the Trustee(s) and the Authorised Signatories

Please insert details of **all** the trustees of the Scheme in the space provided below (including any "Additional Trustees" or "Reserve Trustees" appointed under the rules of the Scheme, who become trustees on the death of any trustee who is an individual). Please also provide details of the Authorised Signatories (as specified in Section 4).

You must provide a full 3 years address history for each person named in this Section. Please continue on a separate sheet where necessary.

	1	2	3	4
Full name	Asghar Ali Chaudry	Mrs Shakila Ali	Akhar Rizwan Ali	Mrs Mariam Ali
Registered Number (if applicable)				
Position(s) (e.g, Trustee, Professional Trustee, Member Trustee, Authorised Signatory etc) <i>If more than one position is held (e.g. Member Trustee and Authorised Signatory), please note each position here</i>	Trustee	Trustee	Trustee	Trustee
Permanent address <i>Please also provide the date the individual moved to this address – if less than 3 years ago, please also complete the previous address section</i>	45 MANOR HOUSE DRIVE LONDON NW6 7DE Postcode 7DE	45 Manor House Drive, London NW6 7DE Postcode 7DE	45 Manor House Drive, London NW6 7DE Postcode 7DE	45 Manor House Drive, London NW6 7DE Postcode 7DE
Previous address (and date moved to this previous address) <i>A complete 3 year address history must be provided</i>				
Date of birth / incorporation	20 / 02 / 1950	01 / 03 / 1954	21 / 01 / 1979	14 / 02 / 1986
Nationality / country of incorporation	BRITISH	BRITISH	BRITISH	BRITISH

Please complete the final column of the table below if (and only if) you wish to appoint an Authorised Signatory as a joint signatory and clearly indicate who any such signatory must sign with (you may wish to assign categories to signatories in order to do this in the space provided). If you do not complete this column in relation to any Authorised Signatory, any such signatory will be able to provide instructions alone.

Name of Authorised Signatory	Specimen Signature	IF JOINT SIGNATORY ONLY	
		Category of signatory (e.g. A, B or Other) (if applicable)	Who must this person sign with? (e.g. "any B signatory")
Example: John Smith *	<i>John Smith</i>	A	any B signatory
ASGHAR ALI CHAUDRY	<i>Asghar Ali Chaudry</i>	N/A	N/A
N/A	N/A	N/A	N/A

*This means that John Smith may sign with any "B" Authorised Signatory.

Section 5 – Use of the Account

5.1 Source of Funds

Please tick the relevant boxes below to indicate where funds deposited into an Account are expected to come from.

- | | |
|--|---|
| <input type="checkbox"/> Investment maturity | <input type="checkbox"/> Savings |
| <input type="checkbox"/> Annual income | <input type="checkbox"/> Sale of Asset |
| <input type="checkbox"/> Inheritance | <input type="checkbox"/> Existing Pension Fund |
| <input type="checkbox"/> Retirement Capital | <input type="checkbox"/> Redundancy Payment |
| <input type="checkbox"/> VAT Reclaims | <input type="checkbox"/> Employment Contributions |
| <input type="checkbox"/> HMRC Payments | <input type="checkbox"/> Dividends |
| <input type="checkbox"/> Rental Income | |

5.2 Account Activity

Please tick ONE box below to indicate how frequently you expect there to be transactions on the Account(s) (i.e., deposits and withdrawals).

EITHER:

- ☐ In line with regulated pension scheme parameters as defined by HM Revenue & Customs

OR (tick ONE box)

- | | |
|---|---|
| <input type="checkbox"/> Fewer than 200 transactions per year | <input type="checkbox"/> 200 to 999 transactions per year |
| <input type="checkbox"/> 1,000 to 9,999 transactions per year | <input type="checkbox"/> 10,000 transactions per year or more |

5.3 Annual Income

What is the actual/anticipated annual income of the Scheme? (tick one box)

- | | |
|---|---|
| <input type="checkbox"/> Less than £100,000 | <input type="checkbox"/> £100,000 to £249,999 |
| <input type="checkbox"/> £250,000 to £999,999 | <input type="checkbox"/> £1,000,000 to £9,999,999 |
| <input type="checkbox"/> £10,000,000 or more | |

5.4 Statement Frequency

Please tick ONE box below to indicate how frequently you wish to receive statements. If you do not tick any box, statements will be provided or made available monthly.

- ☒ Monthly ☐ Quarterly ☐ Annually

Section 6 – Transfer of funds into your account

6.1 Please complete this Section to transfer funds for your opening deposit from another Bank of Scotland plc account in your name(s). If you would like to transfer money from a non-Bank of Scotland plc account, please speak to your Relationship Manager.

I/We instruct Bank of Scotland plc to transfer £ from the following account:

Account Name

Sort code

Account No.

6.2 If you have indicated in Section 1 that you would like to open a Corporate Deposit Account / Pension Fund Cheque Account as well as a Guaranteed Fixed Deposit(s) and you would like to transfer funds to the Guaranteed Fixed Deposit(s) from the Corporate Deposit Account (CDA) / Pension Fund Cheque Account (PFCA) that is to be opened, please detail the amount you would like to be transferred here and tick which account this should be transferred from:


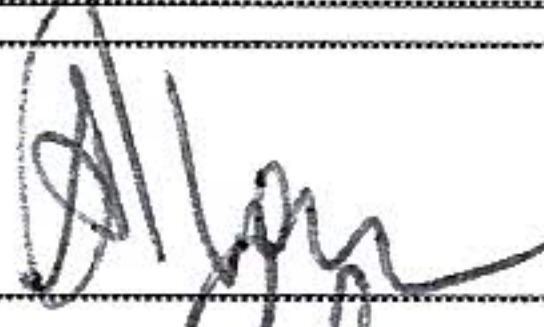
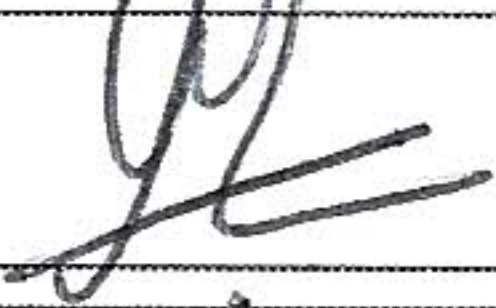



£ from: CDA ☐ PFCA ☐

Section 11 – Certificate of Authority and Signatures

BEFORE SIGNING BELOW, PLEASE CHECK ALL THE INFORMATION PROVIDED IN THIS FORM AND MAKE SURE YOU HAVE RECEIVED, READ AND UNDERSTOOD THE DOCUMENTS FORMING YOUR AGREEMENT WITH US FOR THE ACCOUNT(S).

ALL trustees must sign (not Authorised Signatories)

We certify that we are entitled, under the terms of the Trust Deed(s) governing the Scheme, to sign this form and to operate the Account(s) in accordance with the Account terms and conditions. We agree to indemnify Bank of Scotland plc against any loss suffered as a result of any operation of the Account(s) in accordance with this form and/or the Account terms and conditions which is in breach of the terms of the Trust Deed(s).

	Name	Signature	Date
Trustee 1	ASGHAR ALI CHAUDRY		23/3/10
Trustee 2	SHAKILA ALI	S. Ali	23/3/10
Trustee 3	ATHAR RIZWAN ALI		23/3/10
Trustee 4	MARIAM ALI		23/3/10
X For and on behalf of the Professional / Corporate Trustee before this witness			Date
Director			
Witness' signature		Print Witness' Name	ASSAD M SHAKER
Witness' Address	597 WESTHORNE AVENUE, LONDON SE9 6JX		

Please continue signing on a separate sheet and attach if necessary.

IFA CONFIRMATION

(Tick here if this section is not applicable)



(Tick here if the following declaration is applicable)

I/We confirm that I/we supplied the applicant(s) with each of the following documents prior to their signing this Application Form:

- All Sections of this Application Form
- Terms and Conditions of the Account
- About Your Account Leaflet
- Information about the current interest rate(s) applicable to the Account(s)

Name of IFA:

Address:

Signed:

Date:

INTERNAL USE ONLY			
LEID			
RELATIONSHIP MANAGER APPROVAL:			
Form Complete <input type="checkbox"/> Additional standard diligence process complete (where shaded section of table applies) <input type="checkbox"/>			
Name		Rel Code	