

Attention Investec Bank

Date

Fax

020 7597 4139



Out of the Ordinary™

 **Investec**
Bank

Application form for SIPP/SSAS Accounts

Guidance note for completing this form

1. Complete all relevant sections fully.
2. If this form does not provide you with sufficient space to complete all details, please photocopy the relevant section of this form and complete for each additional person then attach all relevant pages to this form.
3. All trustees of the Pension Scheme must complete and sign this form.
4. If any trustee is an incorporated body such as a company, it must send us a separate mandate setting out the parties who are authorised to act on behalf of that trustee.

1. Scheme details

Scheme name INFOMATRIX ONEVIEW PENSION TRUST

Contact address SAUNDERS HOUSE 52 THE MALL EALING W5 3TA

Contact name MR CHARLES AMERICANOS Tel no 07866602566

Date of formation of Scheme D D M M Y Y Y Y Scheme tax reference (if applicable)

Beneficiary(ies) details (only list beneficiaries with an interest in at least 20% of the value of the Pension Scheme)

Beneficiary 1 Name CHARLES GEORGHIOS AMERICANOS

Current residential address 80A MARLOW BOTTOM MARLOW
BUCKS Postcode SL7 3NB

Date of birth 30/10/1954

Beneficiary 2 Name JUGIT LADHUR

Current residential address 92 CLITHEROW AVENUE EALING
LONDON Postcode W7 2BT

Date of birth 14/07/1965

2. Introducer/IFA/Agent/Broker details

Name of company Pension Practitioner .Com

Name of contact person Brad Davis

Address Daws House, 33-35 Daws Lane,
London Postcode NW7 4SD

Contact number 0800 634 4862 Email address bradd@pensionpractitioner.com

All Trustees must complete the information below and sign and date this form

Trustee 1

Full name CHARLES GEORGIHOS AMERICANOS
Signature C. Americanos
Date 18/5/2011

Trustee 2

Full name JUGIT LADHUK
Signature [Signature]
Date 18/5/2011

Trustee 3

Full name /
Signature /
Date /

Trustee 4

Full name /
Signature /
Date /

Two Authorised Signatories of the Professional/Corporate Trustee must sign below, for and on behalf of the Professional/Corporate Trustee

Authorised Signatory 1

Full name N/A
Signature /
Date /

Authorised Signatory 2

Full name N/A
Signature /
Date /

5. Declarations by the Introducer/Administrator/Trustee

- 5.1 We confirm that we are aware that the trustee(s) of the Scheme named in Section 1 above are applying for the Account(s) specified above and we confirm that we have carried out anti-money laundering checks in relation to the trustee(s), settlor(s), beneficiary(ies) and protector(s) of the Scheme.
- 5.2 We will provide to the Bank, on demand, certified copies of all evidence of our anti-money laundering checks in relation to the trustee(s), settlor(s), beneficiary(ies) and protector(s).
- 5.3 We confirm that the signatures above are those of all the validly appointed trustee(s).
- 5.4 These declarations by us shall be governed and construed in accordance with the laws of England and Wales.

Signed for and on behalf of (insert Introducer/Administrator/Trustee name and FSA number)

Name Pension Practitioner .Com
FSA number N/A

To be signed by the Introducer/Administrator/Trustee in accordance with their signing conditions confirmed to the Bank

Authorised Signatory 1

Full name /
Signature /
Date /

Authorised Signatory 2

Full name /
Signature /
Date /