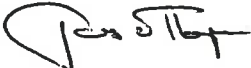


Church House Trust

BANK ACCOUNT APPLICATION FORM	
Name of Scheme	JASON P THORPE SSAS PENSION
PSTR No.	
Administrator (full name)	Address
Trustee (full name) (For copy bank statements to be sent)	Address
JASON THORPE	14 THE MALTINGS BLYTH, WORKSOP, NOTTS S81 8HD.
Trustee (full name)	Address
Trustee (full name)	Address
I/We authorise Church House Trust to release any information to the following company that they may request in connection with this account.	
Pension Practitioner .Com	
IFA / Practioner / SSAS adviser (Name and address).....	
Daws House, 33-35 Daws Lane, London, NW7 4SD	

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

Contact telephone number (work)	Mobile
E-Mail	

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 one/ two of the following duly authorised officials (delete as appropriate).	
Signed on behalf of the Administrator (if applicable)	Date
Signed on behalf of the Trustee 	Date 10 th May 14
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

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