

Church House Trust

BANK ACCOUNT APPLICATION FORM				
Name of Scheme	ssas-Jason P	Thorpe 55A5 Pensi	○ ○ Designated Client A/C	
Joneme	PSTR No.			
Professional Trustee (full name) Address				
				
Trustee (full name) (For copy bank statements to be		Address ILL THE MA	Address ILL THE MACTINGS ISLYTH WORKSOP WOTTS, S818HD.	
sent) JASON P THORIS		W0775, S8	MOTTS, SEI SHD.	
Trustee (full name)		Address		
Trustee (full name)		Address		
Trustee (full name)		Address		
IAME authorize Church House Trust to release any information to the following company that they may request in connection				
with this account				
IFA/Practioner/SSAS adviser (Name and address)				
We wish to open a Church House Trust Instant (For internal use only) Access Account, Interest earned will be added to Number:				
the account.		Bank Account Number:	(60-95-31)	
Contact telephone number (work) Mobile 67730526177. E-Mail 57710 ME - COM				
E-Mail JT711 a ME - COM				
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		Date	
(if applicable)	Professional fideloc		Jan 1 - 1 -	
Signed on behalf of the Trustee		T	Date (7/12/13.	
Signed on behalf of the Trustee			Date	
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