CHURCH HOUSE TRUST

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) JASON THORPE	**Address** 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.

~~IFA~~ / Practioner / ~~SSAS adviser~~ (Name and address) Pension Practitioner .Com

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 [signature] Date 10th 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
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