

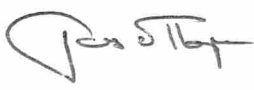
Church House Trust

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. 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 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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and regulated by the Financial Conduct Authority and the Prudential Regulation Authority