



Please fill in the whole form including	g official use box using a ball
point pen and send it to:	

Pension Practitioner .Com Daws House 33-35 Daws Lane London NW7 4SD	
1007 400	

NW7	7 4SD		-					
Name(s	of Acco	unt Hol	der(s)					
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Bank/B	uilding S	ociety a	account	number				
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Name a	nd full p	ostal ac	dress o	of your E	Bank or I	Building	Society	
	Manager					Bar	k/Building	Society
		rion	MID	E_				
Address								

Bank/Building Society
de

Reference Number

Instruction to your Bank or Building Society to pay by Direct Debit

Service User Number (SUN)

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FOR OFFICIAL USE ONLY	
This is not part of the instruction to your Bank or Building Society.	
Important – Please complete these details:	
Account Holder(s) Name & Address:	-
Name:	-
Address:	
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Postcode:	
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Email Address:	
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Instruction to your Bank or Building Society

Please pay PSL re Pension Practitioner.com Direct Debits from the account detailed in this Instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this Instruction may remain with PSL re Pension Practitioner.com and, if so, details will be passed electronically to my Bank/Building Society.

Signature(Solut Co	
	~	
Date	20-06-2014	



Church House Trust

BANK ACCOUNT APPLICATION FORM					
Name of Scheme					
PSTR No.					
Administrator (full name)	Address				
Trustee (full name) (For copy bank statements to be sent) MR NEIL WILLIAM GRAHAM	Address THE OLD POST HOUSE BURFORD ROAD, BLACK BOURTON OX 18 2 PF.				
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: (60-95-31)				
Contact telephone number (work)					
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 20-06-2014				
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