

## Pension Scheme Account Opening Request (continued)

### 7. DECLARATION AND SIGNATURE(S) (continued) Please note all trustees must sign below

#### Member Trustee(s)

Print name

Valerie Lynn Dobbins

Signature

*VL Dobbins*

Date

2/8/22

Print name

Matthew John Dobbins

Signature

*MJD*

Date

2/8/22

Print name

Signature

Date

Print name

Signature

Date

Print name

Signature

Date

Print name

Signature

Date

**OPEN 7 DAYS**

Monday - Friday: 8am - 8pm • Saturday: 8am - 6pm • Sunday: 11am - 5pm  
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## Pension Scheme Account Opening Request (continued)

### 2. TRUSTEES DETAILS (continued)

#### Second Scheme Member/Trustee (please delete as appropriate)

Title

First Name

Middle Name(s)

Surname

Date of Birth

Gender

Nationality

Country of Birth

Home Telephone Number

Mobile Number

Email Address

Current Address

Date moved in

Are statements required? ☐ Yes ☒ No

Is this individual a Scheme Member? ☐ Yes ☒ No

Is this individual a Member Trustee? ☒ Yes ☐ No

Is Online Banking required? ☐ Yes ☒ No

(Please note View Only Access is available. A mobile number is required for the setup so please ensure this has been completed on the form)

#### Third Scheme Member/Trustee (please delete as appropriate)

Title

First Name

Middle Name(s)

Surname

Date of Birth

Gender

Nationality

Country of Birth

Home Telephone Number

Mobile Number

Email Address

Current Address

Date moved in

Are statements required? ☐ Yes ☐ No

Is this individual a Scheme Member? ☐ Yes ☐ No

Is this individual a Member Trustee? ☐ Yes ☐ No

Is Online Banking required? ☐ Yes ☐ No

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## Pension Scheme Account Opening Request

Email to (preferred option): Partnership.Support@metrobank.plc.uk

Post to: The Manager, Partnership Support, Metro Bank PLC, One Southampton Row, London, WC1B 5HA (if enclosing a cheque, please use this option)

### 1. PENSION SCHEME DETAILS

Type of Pension Scheme (e.g. SIPP, SSAS) Full Name of Pension Scheme

SSAS

Full Name of Pension Provider

RSA Scheme Administrator Ltd

Full Name and Address of Professional Trustee

Full Name and Address of Scheme Administrator (if different to Professional Trustee)

Registered Scheme Administrator Ltd  
Venture Wales  
Merthyr Tydfil  
CF48 4DR

HMRC registration number of the Pension Scheme

00319779RG

Does Employer pay premiums/contributions?

☒ Yes ☐ No

If yes please provide Full Name and Address of Employer and the company registration number (if applicable)

JOHN A DOBBINS LIMITED  
Unit 9 Gemini Business Park, Sheepscar Way, Leeds,  
England, LS7 3JB  
Company number 01492436

Are statements required?

☐ Yes ☒ No

### 2. MEMBERS AND TRUSTEES Please add below details of all scheme members and trustees

First Scheme Member/Trustee (please delete as appropriate)

Title

Email Address

jaldobbins@yahoo.com

First Name

Valerie

Current Address

10 OTLEY MOUNT,  
EAST MORTON,  
KEIGHLEY - BD20 5TD

Middle Name(s)

Lynn

Surname

Dobbins

Date moved in

1972

Date of Birth

07-12-1947

Are statements required?

☐ Yes ☒ No

Gender

Female

Is this individual a Scheme member?

☒ Yes ☐ No

Nationality

British

Is this individual a Member Trustee?

☒ Yes ☐ No

Country of Birth

UK

Is Online Banking required?  
(Please note View Only Access is available.  
A mobile number is required for the setup so  
please ensure this has been completed  
on the form)

☒ Yes ☐ No

Home Telephone Number

Mobile Number

07949 780204

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