

Pension Scheme Account Opening Request

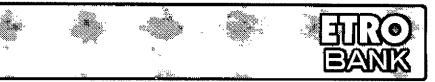
To: The Manager, Partnerships Dept, Metro Bank PLC, One Southampton Row, London, WC1B 5HA

Type and Name of	Pension Schame (s C/CC - C	40.0			
Type: SSAS	of Pension Scheme (e.g. SIPP, SSAS, Occupational)				
	Name: John A Dobbins Limited Self Administered Scheme				
(rrespondence address of Scheme				
	Limited Self Administered Sc				
Pension Practiti	oner.Com, Daws House, 33-3	5 Daws Lane, Londor	n, NW7 4SD		
Is Scheme register	red with HMRC? ide registration number below	Yes No	Does employer pa	y premiums/ contributions? Yes No	
				A: Full Name and Address of Employer	
Full Name and Add	dress of Professional Scheme Tru	stee (if applicable)			
N/A	-				
		All Address of the Control of the Co			
				B: Company Registration Number	
·	B				
2. TRUSTE	ES DETAILS				
First Trustee	•	•	Second Trustee	The state of the s	
Fitle (Mr, Mrs, Miss)	Mr		Title (Mr, Mrs, Miss)	Mrs	
Surname	Dobbins		ŕ		
ournaisie	Dobbins		Sumame	Dobbins	
First Name	John		First Name	Valerie	
Middle Name(s)	Anthony			Lyan	
• •	IAnthony		Middle Name(s)		
	Anthony		Middle Name(s)	Lynn	
lationality	British Citizen		Middle Name(s) Nationality	Lynn British Citizen	
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ender	British Citizen		Nationality	British Citizen Female	
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Pension Scheme Account Opening Request (continued)

Trile (Mr. Mrs, Miss) Surname Surname Surname First Name First Name Middle Name(s) Nationality Gender Gender Date of Birth Home Telephone Number Work Telephone Number Mobile Number Mobile Number Mobile Number Mobile Number Email Address Email Address Address Postcode Postcode Title (Mr. Mrs, Miss) Surname First Name First Name Middle Name(s) Nationality Gender Gender Gender Gender Work Telephone Number Mobile Number Mobile Number First Name Title (Mr. Mrs, Miss) Surname First Name Middle Name(s) Nationality Gender Gend
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3. SCHEME MEMBER DETAILS
First Scheme Member Second Scheme Member
Title (Mr, Mrs, Miss) Mr Title (Mr, Mrs, Miss)
Surname Dobbins Surname
First Name John First Name
Middle Name(s) Anthony Middle Name(s)
Nationality British Citizen Nationality
A sales
Gender Male Gender
Date of Birth 09-Mar-1947 Date of Birth
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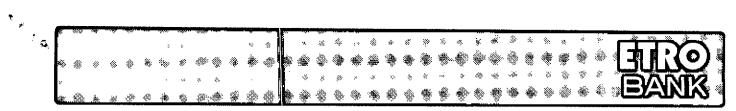
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3. SCHEME MEMBER DETAILS (continued)	
Third Scheme Member	Fourth Scheme Member
Title (Mr, Mrs, Miss)	Title (Mr, Mrs, Miss)
Surname	Surname
First Name	First Name
Middle Name(s)	Middle Name(s)
Nationality	Nationality
Gender	Gender
Date of Birth	Date of Birth
Home Telephone Number	Home Telephone Number
Work Telephone Number	Work Telephone Number
Mobile Number	Mobile Number
Email Address	Email Address
Address	Address
Postcode	Postcode
- Land the transfer of the tra	
4. CHOOSE YOUR ACCOUNT(S)	
I/We would like to open: An instant Access Savings Account	nt A Fixed Term Savings Account (please complete Section 5)
A Community Account	In a position in back required
ls a cheque book required	Is a paying in book required
5. YOUR FIXED TERM DEPOSIT DETAILS	
participation in the second se	Characteristic and the second
Amount to be deposited	Term (months)
Funds to be deposited by: Cheque made payable to Metro Bank Electronic transfer from another bank	
Interest must be credited to an alternative Metro Bank account, p	lease select of one of the following options:
Credit interest to the Instant Access Savir gs Account/ Community Account applied for as indicated above	Credit interest to an existing Metro Bank Account number

* Pension Scheme Account Opening Request (continued)

6. MANDA	ATE.		niani bir a makati kiliman kin danan si asam umulum aka umula birkinis (2000)		1		
account. It you	would like to ap	ppoint more tha	norised Signatories y n one Authorised Sign outhorisation is requir	natory, this section a	to assist you in ilso lets you tell	the use and op us if they can tr	eration of your ansact on your
Please comple	ete the following	ı as appropriate					
Completion of the Relationship with	this Mandate aut th Business Cust	thorises Metro B tomers" brochure	ank to accept all instru (Terms and Conditions	uctions given, or acts s) and/or this Mandate	performed, in ac on behalf of the	cordance with the Trustees of the F	ne "Our Service Pension Scheme:
Any ONE	of the Authorised S	Signatories	Any TWO of the	Authorised Signatories			
ALL of the	e Authorised Signa	tories	Authorised Sign	atories in accordance w	ith the specific instr	uctions set out belo	ow:
I/We hereby as	uthorise Metro Ba arges/fees as m	ank PLC (The Ea	er.Com signatory as pe ank) to deduct from my im time to time to the b	our pension scheme	bank account su	ich management	t charges/fees ories of
*We may only :	accept payment i	instructions via th	e telephone banking so	ervice, fax or email fro	om the Authorised	l Signatories as o	detailed above.
7. DECLA	RÁTION AN	D SIGNATI.	JRE(S)		2		
			<u></u>		<u></u>	 	· · · · · · · · · · · · · · · · · · ·
Credit Reference When you apply to		ommunity Account,	Metro Bank will undertake	e credit checks in order t	o assess your eligib	allity for this commu	inity account and
			ent and detect crime and it As') when considering you		oth Community and	Savings Accounts	. Metro Bank will
Fraud Prevention	*	nce agencies (City	as) when considering you	п аррясавоп.			
If you give false of and money laund	or inaccurate inform tering. Law enforce		dentified or suspected, de y access and use this info		aud prevention age	encies and/or CRAs	s to prevent fraud
	contact you to tell y ng means, please l		products and services that g the relevant box(es) bel				
First Trustee				Second Truste	•		
✓ Post	✓ Phone	✓ Yext	✓ Email	√ Post	Phone	✓ Text	🖌 Email
Third Trustee				Fourth Trustee	_		_
✓ Post	Phone	✓ Text	✓ Email	✓ Post	✓ Phone	✓ Text	✓ Email
You authorise M		ose details of your	account(s) to your introd	lucer as named on the	application form, o	r their successors	in titie.
More information with Business (can be provided leaflets. You can	n is available about Customers" includ- on request, By sign recontact us in writing	ed in your Welcome ning this form you ng at <mark>Metro Bank</mark> F	rill use your information. Y e Pack. More detailed infor I agree to Metro Bank us PLC, One Southampton F nich you have previously o	rmation is also available sing your information a Row, London, WC1B 5	in our <i>"Guide to th</i> is set out above ar	e Use of Your info nd in the ways des	ormation" which scribed in those
account, you ded			ngs account is based on the sapplication is, to the bes				
and the "Importation for complying with	ant Information So th the document "O	ummary" for this pe Our Service Relation	terms and conditions outling to duct. If you are applying the same applying the same and the same are same and the same are same and the same and the same are same a	for a joint account, you stomers" and the "Imp	acknowledge that e	ach of you is separ	ately responsible
			document "Our Service ou do not understand, plea				
I certify that I ha The pension The details s The Trustee. The Trustee. To facilitate Third party p The Trust Di The signator We permit M	ve reviewed the Pt has been properly shown above are co s are empowered to s are empowered to operations on the acayments are/are no eed will be available ies on the attached letro Bank PLC to n	ension Trust Deedi constituted implete and accurate o operate the account count the Trustees t permitted (delete in for inspections by the account mandate in hake enquiries to H	in respect of the above n e t Metro Bank PLC nt/to appoint representative are empowered to utilise as	s to operate the account ny electronic banking ser at the copy will be retaine by the fruslees of the sc	and: vice available from Nod for a period of 6 (shere)	Metro Bank PLC iix) years after the a epresentatives	
The Trustee. The Trustee. To facilitate of Third party poor The Trust Do. The signator. We permit M	s are empowered to s are empowered to operations on the ac payments are/are no eed will be available ries on the attached tetro Bank PLC to n	open an account a operate the account count the Trustees of permitted (delete in for inspections by the account mandate from the account mandate f	t Metro Bank PLC nt/to appoint representative are empowered to utilise at as appropriate) he Bank, if required and tha ave been authorised to act MRC to confirm this scheme	ny electronic banking ser at the copy will be retaine by the trustees of the sc	d for a period of 6 (s neme/the Trustees r	ix) years after the a epresentatives	ccount has clo



Pension Scheme Account Opening Request

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7. DECLA	RATION AND SIGNATURE(S) (conti	nued) 🌬 🚈 🥡	E to sist will be a simple to the simple to		
We confirm that Relationship with	the Account is to be subject to the Metro Bank Business Ac Business Customers" Part 4 Section 40.	count Information Summary	and the Terms and Conditions as set out in "Our Service		
First Trustee	Signature	Second Truster	e Signature		
gade	obir	* ULDa			
Date Third Trustee	16 · 12 · 14	Pourth Trustee	16 · 17 · 14		
Date		Date			
Scheme Adn	ninistrator Details	diameters.			
Name	Pension Pracititoner .Com Limited Signature				
Address	Daws House, 33-35 Daws Lane London, NW7 4SD				
~ 1 ~	and the second s	Date	- 100 -		
8. ACCOU	UNT INTRODUCER DETAILS	, a 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1			
Name of Compa	ny Pension Practitioner .Com Limited				
Address	Daws House 33-35 Daws Lane London		+		
Post code	NW7 4SD	Telephone Number	08006344862		
Contact Name	Brad Davis / Georgina Stuliglowa				
Email	info@pensionpractitioner.com				