

## **Church House Trust**

BANK ACC	COUNT APPLICATION FORM	
Name of WEVIN SSAS - Schene PENGON ADAMS PENGON PSTR No.	Designated Client A/C	٠
Professional Trustee (full name)	Address	
<b>~</b> .		
Trustee (full name) (For copy bank statements to be	Address 91 TITUS WAY	
Sent) KE VINANTHUM ADAMS	COLCHESTER ESSEX COYSGB	
Trustee (full name) KEVIN ANTHONY AOAMS	COLCHESTER ESSER	
Trusiee (full name)	Address	
Trustee (full name)	Address	
with this account.	nformation to the following company that they may request in connection	
IFA/Practioner/SSAS adviser (Name and address)	•	
We wish to open a Church House Trust Instant Access Account, Interest earned will be added to	(For internal use only) Number:	
the account.	Bank Account Number: (60-95-31)	
Contact telephone number (work). 01206530319 Mobile 07304134935		
We have read and agree to the terms and condition . House Trust pay all chaques and other instructions for duly authorised officials (delete as appropriate).	ons applicable to this account, and authorise and request that Church for payment signed on our behalf by any of the one/ two of the following	
Signed on behalf of the Professional Trustee (if applicable)	Date	
Signed on behalf of the Trustee	Date #1/9/13	484
Signed on behalf of the Trustee	Date	
Signed on behalf of the Trustee	Date	
Signed on behalf of the Truslee	Date	

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