Investec
Private Bank

Attention	Investec Private Bank
Fax number	020 7597 4139

Faxed from

Contact person	BRAD DAVIS		
Fax	020 8711 2522	Phone	0800 634 4862

Account Application Form for SIPPs and SSASs

Account Holder (Trustee) name	NICHOLAS PARRY
Account Holder (Trustee) address	6 MANOR WAY, COPPULL, CHORLEY, PR7 5FH
Client name/Account reference	NICHOLAS PARRY
Client address	6 MANOR WAY, COPPULL, CHORLEY, PR7 5FH
Date of birth	14/7/72
Amount deposited	£ CIRCA 400,000

Account type CURRENT / TRUSTEE RESERVE

Scheme reference details

Scheme name	MCH HOLDINGS LIMITED DIRECTORS PENSION SCHEME		
Scheme date	28 AUGUST 2009		
Inland Revenue Scheme Reference No	00743519RR	IR Tax Office	N/A
Audit and Pension Scheme Services	N/A	OPRA, Pensions Registry	N/A

Method of deposit

- ☐ Cheque payable to the Client's name
- ☐ Telegraphic transfer/Chaps (please call the Bank for further information)
- ☐ Please debit account number

Details of Independent Financial Adviser N/A

Declaration

1. I/We hereby confirm that I/we have read and accept the terms of the Charges Sheet, the General Terms and Conditions together with any applicable Special Terms and Conditions (together referred to as the "Terms").
2. I/We confirm that the Account Holder is introducing the Client to The Bank and is applying to open an Account with The Bank.
3. I/We confirm that the Client has read and understood the Terms and has consented to the opening of an Account;
4. I/We confirm that the Account will be opened and operated as a designated account in the name of the Account Holder.
5. I/We declare that the information provided with the account opening documentation and supporting documentation held by the Bank, together with this application form and supporting documents (together the "Application Pack") are true and complete and we confirm my/our understanding that the Bank in making its decision to open any Account will be relying on the accuracy and completeness of such information without the Bank having any obligation to independently verify the same. I/We further confirm that I/we will immediately notify the Bank in writing with any change to what I/we have provided the Bank in the Application Pack and will update such information in the Application Pack as appropriate.
6. I/We confirm that there is and will be, for the duration of the Account, sufficient information on file with the Account Holder to establish the Client's name and residential address, or where the Account is opened by trustees, that the settlor is a Client known to the Account Holder and whose identity has been confirmed by the Account Holder.
7. I/We confirm that in the event of an enquiry from Inland Revenue, any law enforcement agency or regulator in the UK, copies of the relevant Client records referred to in 6 above shall be made lawfully available to the Bank forthwith to satisfy the request.
8. I/We confirm that the sum(s) as shown above are being deposited with the Bank by me/us in the capacity of either trustee or nominee of the Client.

The Bank will only be bound by the Terms for this Account when the Authorised Signatories as set out below, has/have signed and returned this application form and the Bank has completed its final processes.

Authorised Signatories

Name	NICHOLAS PARRY	Name	
Capacity	DIRECTOR / TRUSTEE	Capacity	
Signature		Signature	
Date	28/4/10	Date	

For further information please call us on 020 7597 4012.

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