

Attention: Investec Private Bank

Fax number: 020 7597 4139

Faxed from:

Contact person:

Fax:

BRAO DAVIS

020 8711-2522

Phone:

0300 634-4862

# Investec

Private Bank

## Account Application Form for SIPP's and SSAS's

Account Holder (Trustee) name:

Account Holder (Trustee) address:

Client name/Account reference:

Client address:

Date of birth:

Amount deposited:

£

Account type:

### Scheme reference details

Scheme name:

Scheme date:

Inland Revenue Scheme Reference No:

IR Tax Office:

Audit and Pension Scheme Services:

OPRA, Pensions Registry

### 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

### 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 our/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 immediately 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 means 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:

Capacity:

Signature:

Date:

Name:

Capacity:

Signature:

Date:

For further information please call us on 020 7597 4012.

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**Investec**  
Private Bank

BRAD DAVIS  
020 8711-2522

Phone 0800 634-4862

## Account Application Form for SIPP's and SSAS's

Account Holder (Trustee) name **MDJ PENSION SCHEME**  
Account Holder (Trustee) address **Suite 12 Alnwick House Whalley Range Manchester M16 8DT**

Client name/Account reference

Client address

Date of birth

Amount deposited

£

Account type

### Scheme reference details

Scheme name

Scheme date

Inland Revenue Scheme Reference No

IR Tax Office

Audit and Pension Scheme Services

OPRA Pensions Registry

### 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

### 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").
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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 means in the capacity of either trustee or nominee of the Client.

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

Authorised Signatories

Name **MAXINE ELAINE TURNER**

Capacity **TRUSTEE**

Signature

Date

**30/07/2010**

Name **SUSAN JANE NICHOLSON**

Capacity **TRUSTEE**

Signature

Date

**30/07/2010**

For further information please call us on 020 7597 4012.

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