

GAVIN

BARCLAYS BANK  
FORM AS PER MY  
EMAIL.

A handwritten signature in black ink, appearing to be 'John' or similar, written in a cursive style.



## Small Self Administered Scheme (SSAS) Trading Account

This is an application to open a SSAS Trading Account. Please read this application in conjunction with Barclays Stockbrokers SSAS Trading Account Terms and Conditions.

The trustee(s) must complete and sign this application form.

Please return your completed form to: High Value Servicing Team, Barclays Stockbrokers, Tay House, 300 Bath Street, Glasgow, G2 4LH.

Note: Barclays Stockbrokers can only accept applications from HMRC registered schemes and those with an appointed Professional Trustee.

(Please use CAPITALS.)

### Section 1 Scheme name

Scheme Name	THE HEADHOUSE LTD	HMRC registration number*	10133597
Scheme Correspondence Address	PENSION SCHEME. 7 TURNERS HEAD STORINGTON, WEST SUSSEX	Please note we require a certified copy of the HMRC's Acknowledgement of Registration	
Postcode	RH20 4JZ		

The Correspondence address will receive details of transactions and corporate actions. All Sterling assets will be held on behalf of the Trustee(s) as the legal owner(s) within our nominee account and monies will only be accepted or remitted in accordance with Trustee's instructions.

### Section 2 The Employer Company all fields are mandatory, where applicable

Company Name	NO LONGER	Countries in which the company trades (if outside the UK)	NA
Company Registered Address	IN EXISTENCE.		NA
Post Code		Countries in which the company operates (if outside the UK)	NA
Nature of business		Company registration number	NA
Industry in which the company operates		If Regulated - FSA registration number	

### Section 3 Professional Trustee details (If corporate entity) you must complete all fields marked\*

Name*		Contact person(s)	
Address*	NA	FSA or HMRC Registration No	NA
Postcode*		Phone number*	
		Email address	

Please complete overleaf

**Section 3 Professional Trustee details (If corporate entity - Continued) you must complete all fields marked\***

If Professional Trustee is an individual, please complete below

Name*		Your National Insurance number* You must provide this or declare that you do not have one	Yes: I have a National Insurance number <input type="checkbox"/>
Address*		No: I declare that I do not have a National Insurance number <input type="checkbox"/>	
		Please enter it here	
Postcode*	N/A	Do you pay tax? (Please tick as appropriate)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Contact person(s)		Which country are you resident in for tax purposes?	
Phone number*		Nationality	
Email address		Date of birth	/ /

**Section 4 Administrator details (to be completed if the administrator is a corporate entity) you must complete all fields marked\***

Company Name*	PENSION PRACTITIONER.	Contact person(s)	MR. BRAD DAVIS
Company Address*	DAWS HOUSE. 33-35 DAWS LANE. LONDON.	FSA or HMRC Registration No	MR. GAVIN McLOSKEY 10133597
Postcode*	NW7 4SD	Phone number*	0800 634 4862
		Email address	INFO@PENSIONPRACTITIONER.CO.UK

If the administrator is a trustee, please complete below

Name*		Your National Insurance number* You must provide this or declare that you do not have one	Yes: I have a National Insurance number <input type="checkbox"/>
Address*		No: I declare that I do not have a National Insurance number <input type="checkbox"/>	
		Please enter it here	
Postcode*	N/A	Do you pay tax? (Please tick as appropriate)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Contact person(s)		Which country are you resident in for tax purposes?	
Phone number*		Nationality	
Email address		Date of birth	/ /

**Section 5 Trustee details you must complete all fields marked\***

Trustee(s)			
Name*	JOHN ARTHUR WORNALL.	Your National Insurance number* You must provide this or declare that you do not have one	Yes: I have a National Insurance number <input checked="" type="checkbox"/>
Address*	7 TURNERS MEAD STORRINGTON WEST SUSSEX	No: I declare that I do not have a National Insurance number <input type="checkbox"/>	
		Please enter it here	ZH450578B
Postcode*	RH20 4JZ	Do you pay tax? (Please tick as appropriate)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Contact person(s)		Which country are you resident in for tax purposes?	ENGLAND
Phone number*	01903 741884	Nationality	ENGLISH
Email address	JAYKAYWORNALL@GMAIL.CO.UK	Date of birth	26 / 05 / 1933

Please complete overleaf



**Section 5 Trustee details (Continued)** you must complete all fields marked\*

**Trustee(s)**

Name\* KATHLEEN AMY WORNALL  
 Address\* 7. TURNERS HEAD.  
STORRINGTON.  
WEST SUSSEX.  
 Postcode\* RH20 4JR.  
 Contact person(s) \_\_\_\_\_  
 Phone number\* 01903 761884.  
 Email address JAYKAYWORN@EMAIL.CO

Your National Insurance number\*  Yes: I have a National Insurance number  
You must provide this or declare that you do not have one  No: I declare that I do not have a National Insurance number  
 Please enter it here LR487290D  
 Do you pay tax? (Please tick as appropriate) Yes  No   
 Which country are you resident in for tax purposes?  
ENGLAND  
 Nationality ENGLISH  
 Date of birth 18 / 08 / 1932

**Trustee(s)**

Name\* STEPHEN PETER WORNALL  
 Address\* DINGLE DELL.  
LONDON ROAD  
WASHINGTON. WEST SUSSEX  
 Postcode\* RH20 4AJ.  
 Contact person(s) \_\_\_\_\_  
 Phone number\* 01903 893897.  
 Email address \_\_\_\_\_

Your National Insurance number\*  Yes: I have a National Insurance number  
You must provide this or declare that you do not have one  No: I declare that I do not have a National Insurance number  
 Please enter it here \_\_\_\_\_  
 Do you pay tax? (Please tick as appropriate) Yes  No   
 Which country are you resident in for tax purposes?  
ENGLAND  
 Nationality ENGLISH  
 Date of birth 25 / 04 / 1954

**Trustee(s)**

Name\* \_\_\_\_\_  
 Address\* \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Postcode\* \_\_\_\_\_  
 Contact person(s) \_\_\_\_\_  
 Phone number\* \_\_\_\_\_  
 Email address \_\_\_\_\_

Your National Insurance number\*  Yes: I have a National Insurance number  
You must provide this or declare that you do not have one  No: I declare that I do not have a National Insurance number  
 Please enter it here \_\_\_\_\_  
 Do you pay tax? (Please tick as appropriate) Yes  No   
 Which country are you resident in for tax purposes?  
 \_\_\_\_\_  
 Nationality \_\_\_\_\_  
 Date of birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Note: Where there are additional trustee(s), please copy this sheet and complete accordingly.

**Section 6 Foreign dealing**

I/we would like to deal in foreign securities other than those shares that are dealt through the London Stock Exchange's European Quoting service. I/we understand that this is currently available as a telephone service only. Please send all the relevant information that I/we need to do this.

### Section 7 Managing your income

Please select how the scheme would like to receive its income below. The scheme will automatically be set up with a Cash Management Service (CMS) account for settling its deals. Select one option only.

- Automatic Dividend Reinvestment (ADR) - Please use income paid to my CMS account to buy shares using ADR.
- SCRIP - Please add shares to my account.
- Cash - Please pay cash dividends to my CMS account.

### Section 8 Scheme Bank Account Details

Please provide bank account details to where funds should be transferred.

Name of Bank

Name of Scheme

Bank Account

Sort-Code  Account Number

Initial size of Deposit £

### Declaration and Authority

I/we confirm that we are the trustee(s) acting on behalf of the scheme detailed in Section 2 of this form. I/we accept the SSAS Trading Account Terms and Conditions.

I/we confirm that the information given is true and complete and authorise you to make any credit reference and other enquiries in accordance with your normal procedures in connection with this application. I/we understand that credit reference agencies record searches and that information they record may be used by other lenders assessing credit application from us and members of my household and for debt tracing.

If you provide false or inaccurate information and a fraud is identified we will pass this information onto the fraud prevention agencies. If you are interested in hearing more about how this information may be used you can contact us on 0845 300 9020 or please refer to the section "Your Information" in our terms and conditions document.

To the extent required to comply with the governing provisions of the Scheme, we confirm that power for any one trustee of the Scheme to give instructions to Barclays Stockbrokers has been validly granted or delegated under those governing provisions. For the avoidance of doubt, Barclays Stockbrokers is entitled to rely on any instruction provided using the security information it requires from time to time. We acknowledge that if we want to appoint a User to issue instructions on our behalf, we must provide such information relating to that User as Barclays Stockbrokers may from time to time require.

#### Professional Trustee

Name(s) and positions

- Read-only access including
- Viewing the selected accounts online
  - Receiving information about the selected accounts by telephone.
- Operational access including:
- Selling any investments
  - Purchasing any investments
  - Giving any necessary instructions in the event of corporate actions on these investments
  - Giving any instructions concerning the operation of the Cash Management Service

Signature

Date  /  /

#### Administrator Authorised Signatory

Name(s) and positions

Signature

Date  /  /




### Declaration and Authority (Continued)

**Trustee**

Name(s) **SENIOR TRUSTEE  
JOHN ARTHUR  
WORNALL**

- Read-only access including
- Viewing the selected accounts online
  - Receiving information about the selected accounts by telephone.
- Operational access including:
- Selling any investments
  - Purchasing any investments
  - Giving any necessary instructions in the event of corporate actions on these investments
  - Giving any instructions concerning the operation of the Cash Management Service

Signature 

Date  /  /

**Trustee**

Name(s) **KATHLEEN AMY  
WORNALL**

- Read-only access including
- Viewing the selected accounts online
  - Receiving information about the selected accounts by telephone.
- Operational access including:
- Selling any investments
  - Purchasing any investments
  - Giving any necessary instructions in the event of corporate actions on these investments
  - Giving any instructions concerning the operation of the Cash Management Service


Signature

Date  /  /

**Trustee**

Name(s) **STEPHEN PETER  
WORNALL**

- Read-only access including
- Viewing the selected accounts online
  - Receiving information about the selected accounts by telephone.
- Operational access including:
- Selling any investments
  - Purchasing any investments
  - Giving any necessary instructions in the event of corporate actions on these investments
  - Giving any instructions concerning the operation of the Cash Management Service

Signature 

Date  /  /

**Trustee**

Name(s)

- Read-only access including
- Viewing the selected accounts online
  - Receiving information about the selected accounts by telephone.
- Operational access including:
- Selling any investments
  - Purchasing any investments
  - Giving any necessary instructions in the event of corporate actions on these investments
  - Giving any instructions concerning the operation of the Cash Management Service

Signature

Date  /  /

Please note the above declarations must be signed by all Trustee(s)

### Checklist

- A certified copy of HMRC's Acknowledgement of Registration
- Direct Debit Instruction for fees
- Where the employer (company) is no longer in existence, a Deed of Amendment is required **PP**
- An original bank statement no older than 3 months, which confirms the Scheme name, sort code and account number, as per section 8.



For more information, please visit our website at [www.stockbrokers.barclays.co.uk/corporate](http://www.stockbrokers.barclays.co.uk/corporate)

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