

For completion by Professional Adviser

Co. name GATEWAY FINANCIAL ASSOCIATES LIMITED  
Address 35 ST NICHOLAS PLACE  
LEICESTER  
Postcode LE1 4LD  
Tel. number 0116 2517111 Contact name MR P. GANDA  
E-mail info@gfa-ltd.co.uk Introducer number 7732

#### Proof of identity

The professional adviser is responsible for the supply of documentary proof of identity from applicants who are not already known to us.

#### Checklist

If the Applicants are known to the adviser - we may accept the Money Laundering Regulations Certificate on the back page of this application, completed and signed by the adviser, confirming that he has verified the identity of AT LEAST TWO authorised signatories.

Alternatively, if the Applicants are NOT known to the adviser, we are required to ask for documentary proof of identity. For this reason, the following should be enclosed for AT LEAST TWO authorised signatories:-

An original bank or building society savings account statement, ideally showing the Applicant's salary or pension credit

PLUS, an original of one of the following. Please tick the relevant box(es):

A recent credit card statement ☐ A recent utility bill ☐  
Current mortgage statement ☐ Inland Revenue Notice of Coding ☐  
Current council tax bill ☐

Photocopy of passport or driving licence (Optional): ☐

Plus, Certified Trust Deed of Appointment ☐

and Certified Trust Deed ☐

OR, This Trust conforms to Master Deed already supplied to Cater Allen Bank ☐

#### Account number

(if pre-allocated)

If you require this information in large print, Braille, audio tape or PC disk,  
please contact us on 0800 716 177 or by text phone on 0800 0289333



CATER ALLEN BANK

Cater Allen Bank is the name used for Private Banking by Cater Allen Limited.  
Registered Office: 20 Bicham Lane, London EC3V 9HN. Registered in England No. 383032. Member of the Abbey National Group.  
All deposits held by Cater Allen Bank are fully and unconditionally guaranteed  
by Abbey National plc. Telephone calls may be recorded or monitored.

# The Cater Allen

## Pension Fund High Interest Cheque Account



### Application Form and Mandate

**PLEASE COMPLETE THIS FORM USING BLOCK CAPITALS**  
and return it to Cater Allen Bank, Freepost BS6598, Clifton, Bristol BS8 3FA

A/c no (if pre-allocated)  Introducer no 7732

#### 1 Account title

Pension Scheme name PARKLANDS RETIREMENT BENEFITS SCHEME

Inland Rev. ref. no. if allocated

#### 2 Correspondence address

GATEWAY FINANCIAL ASSOCIATES LTD  
35 ST NICHOLAS PLACE  
LEICESTER Postcode LE2 3WA

Telephone no 0116 2517111 Fax no 0116 2629746

E-mail address info@gfa-ltd.co.uk

Mobile no  Contact name MR P. GANDA

#### 3 Account facilities required

Please open account(s) denominated in the following currencies:

£ Sterling ☒ US\$ ☐ EURO ☐ Other\*

\*Normally only £ Sterling, US Dollars and euro.

Please indicate if you require Cheque book ☒ Paying-in book ☒

**Please enclose a Certified Trust Deed of Appointment**  
**and Certified Trust Deed or Master Trust Deed with this application**

#### For Bank use

Country Code (UK: 001)  Business Code 04 Gross Code   
(see chart for other country codes) (Non-personal: 04)

Reject Indicator ☐ Default(N) / Will NOT allow debits(Y) / Will NOT allow debits or credits(X)  
Allow entries to pass, but transactions reported next day(R)

Cheque book names

Customer Info

## Application for a PFHICA Account *continued*

### 4 Opening deposit

Currency\* £ STERLING Amount £500  
\*Normally only £ Sterling, US Dollar and euro.

☒ I enclose a cheque for the above amount.  
Please make cheques payable to 'Cater Allen Limited'. Alternatively we will accept cheque(s) payable to the Applicant(s).

☐ I have arranged for the above amount to be transferred to Cater Allen Bank:-

Sort Code: **16 - 51 - 72** Account name: **CATER ALLEN LIMITED**

Reference: 'Pension Scheme name' given in Section 1 Account Details.

#### Details of bank making the transfer

Bank name \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Sort Code - - Tel no. \_\_\_\_\_

### 5 Statements Monthly ☐ Quarterly ☒

No of statements to the correspondence address given in Section 2 1

No of duplicate statements to the address below: 1

Name MR C L VAZ

Address 3 VERLEY CLOSE WIGHTON ON THE GREEN

Postcode MILTON KEYNES

### 6 Gross Interest Declaration

We hereby declare that this account is eligible for gross interest, and either:-

☐ Enclose a copy of the Approval Letter received from the Inland Revenue in respect of the scheme

OR

☒ Confirm that an application has been/will be\* submitted to the Board of the Inland Revenue to obtain approval for the scheme and that we will provide you with a copy of the Approval Letter as soon as it is received \*Delete as applicable

### 7 Proof of identity

In order to comply with Money Laundering Regulations, the professional adviser must complete and sign the Money Laundering Regulations 1993 forms attached, certifying that he has verified the identity of **at least two of the Authorised Signatories.**

If you are not already known to us or the professional adviser, we are required to ask for documentary proof of identity from **at least two of the Authorised Signatories.** Please refer to the **checklist on the back of this application** for items of identification that must be produced.

### 8 Application and Mandate

§ Insert full name of Scheme

We being all the Trustees of PARKLANDS P.B.S.  
(The Scheme) hereby apply to open a Pension Fund High Interest Cheque Account (The Account) on the published Terms and Conditions, and confirm that a resolution has been passed at a properly-convened meeting of the Trustees that these banking arrangements be put in place.

#### We hereby confirm that:-

A We are duly authorised by the Trust Deed of the Scheme to open the Account and operate it as set out in this mandate and we hereby indemnify you against any losses suffered as a result of any operation of the Account in accordance with this mandate which is found to be in breach of the Trust Deed.

B In the event of the death or incapacity of any of the trustees or Authorised Signatories, you are able to pay or deliver to the order of the survivors, all money, securities, deeds or documents or any other property which you hold for the credit of the remaining Trustees' joint account.

The liability of BRUNEL TRUSTEES as Pensioner Trustee for any indebtedness arising from time to time on the account(s) shall be limited to the Assets of the Scheme\*. \*Delete if not required

Please act on the signature(s) of the Authorised Signatories below in respect of cheques or other orders for payment on the account, and as authority for the sale, purchase, delivery or other dealings with securities, bills, coupons, documents, boxes, packages and their contents and other property at any time held by you.

#### Authorised signatories

All transactions on this account **must be signed** by the Pensioner Trustee and countersigned by any 2 of the Trustees to the Account. \*Insert number

#### If less than all trustees to sign on account

We hereby jointly and severally indemnify you from and against all actions, claims, demands and costs which may be brought or made against you or incurred by you by reason of your permitting operation of the account otherwise than upon the signatures of all of us together.

We hereby authorise you to provide the Scheme's auditors with such information as they may request concerning the Account and any transactions which may have taken place via the Account.

**We enclose a Certified Trust Deed of Appointment and Certified Trust Deed or this trust conforms to Master Trust Deed already supplied to you.**

**Copy Statements** We hereby authorise you to provide our professional adviser with copy statements and other information concerning the account.

**Data Protection Statement** This statement relates to the information I/we have given in this application and to any other information which I/we provide to you or which you hold on me/us. The information will be used to assist you in providing the account or service for which I/we have applied. The information will be retained after my/our account is closed. I/we note that I/we have a right of access to certain records that you hold about me/us and that a 'Data Protection Act' leaflet is available on request.

You may make any enquiries relating to me/us that you consider necessary (e.g. from another financial institution). You may search the files of credit reference agencies which will keep a record of each such search. You may pass details about me/us and the conduct of my/our account to credit reference agencies and these details will be used by others authorised to search the credit reference agencies files, for purposes such as credit assessment of me/us and members of my/our household and occasionally for debtor tracing and fraud prevention. Information may also be shared with other financial organisations to protect against fraud.

You may give essential information about my/our account(s) and card(s) (if any) to others where this is necessary for the operation of the account and to people acting as your introducers, on the understanding that they will keep the information confidential.

You may, from time to time, send me/us details of additional services which you believe I/we will find beneficial.

If I/we do not wish to receive such information, I/we can indicate this by ticking this box: ☐

### Agreement, details and signatures of the Trustees

#### Pensioner Trustee's name

GATEWAY FINANCIAL TRUSTEES LIMITED.

#### Authorised signature(s) for the Pensioner Trustee

[Signature]

#### Date

12/11/01

12/11/01

For trustees and authorised signatories to the Account, this section continues on the next page.

### Agreement, details and signatures of the Trustees (continued)

To be completed and signed by all Trustees and Authorised Signatories to the Account. If more than four trustees/signatories, please photocopy this page (before completing it) and continue on the copy.

Mr ☒ Mrs ☐ Ms ☐ Other \_\_\_\_\_ Surname VAZ  
Forenames CLARENCE LEO Position TRUSTEE  
Private address 3 VERLEY CLOSE Signature Clarence Leo Vaz  
WOUGHTON ON THE GREEN  
MILTON KEYNES, BUCKS, MK6 3ER  
Home tel no. 01908 - 668864 Date of Birth 11/4/53

Mr ☐ Mrs ☒ Ms ☐ Other \_\_\_\_\_ Surname BEOSTER  
Forenames CAROLINE ANN Position TRUSTEE  
Private address 3 VERLEY CLOSE Signature Caroline Beoster  
WOUGHTON ON THE GREEN  
MILTON KEYNES, BUCKS, MK6 3ER  
Home tel no. 01908 668864 Date of Birth 26/05/1970

Mr ☐ Mrs ☐ Ms ☐ Other \_\_\_\_\_ Surname \_\_\_\_\_  
Forenames BRUNEL TRUSTEES LTD Position Authorised Signatory  
Private address 111-117 VICTORIA STREET Signature Lee Edwards  
BRISTOL  
BS1 6AX  
Home tel no. \_\_\_\_\_ Date of Birth \_\_\_\_\_

Mr ☐ Mrs ☐ Ms ☐ Other \_\_\_\_\_ Surname \_\_\_\_\_  
Forenames BRUNEL TRUSTEES LTD Position Authorised Signatory  
Private address 111-117 VICTORIA ST Signature Lee Edwards  
BRISTOL  
BS1 6AX  
Home tel no. \_\_\_\_\_ Date of Birth \_\_\_\_\_

### Money Laundering Regulations 1993

**To be completed by a regulated UK/EU introducer  
in respect of each Applicant.**

#### Application Introduction Certificate

Full name(s) of Applicant(s) CLARENCE LEO VAZ  
Address of Applicant(s) 3 VERLEY CLOSE WOUGHTON ON THE GREEN  
(including Postcode) MILTON KEYNES  
Postcode MK6 3ER

I/We certify that in accordance with the provisions of the UK Money Laundering Regulations 1993 and the Guidance Notes for the **Financial Sector** as amended from time to time, or **equivalent legislation to**

**implement the EC Directive.** Please tick either A1 or A2

☐ **A1** the Applicant was an existing customer of ours as at 1 April 1994; **OR**

☒ **A2** we have verified the identity of the Applicant specified in the Regulations

**AND** the Applicant(s) name(s) and address(es) as shown on the application form correspond(s) with our records;

**AND** Please tick either B1 or B2

☐ **B1** the Applicant(s) is/are applying on his/her own behalf and not as nominee, trustee or in a fiduciary capacity for any other person; **OR**

☒ **B2** the Applicant(s) is/are acting as nominee/trustee/ \_\_\_\_\_ for other person(s) whose identity has been established by me/us and appropriate documentary evidence to support the identification is held by me/us and can be produced on demand.

Full name of Regulated firm GATEWAY FINANCIAL ASSOCIATES LTD

\*SIB Registration No./\*FSA Regulatory No./\*Other UK/EU Regulator  
\*Delete as applicable

Signed Registered individual

Full names

Job title

Lee Praveesh Gunda

DIRECTOR

Date 12/11/01