

Church House Trust

BANK ACCOUNT APPLICATION FORM

Name of Scheme	PETER PICKERING PENSION SCHEME		
PSTR No.			
Administrator (full name)	Address		
Trustee (full name) (For copy bank statements to be sent)	Address		
PETER Michael PICKERING	3 WARDEN AVE ROMFORD ESSEX RM5 2SP		
Trustee (full name)	Address		
Trustee (full name)	Address		
I/We authorise Church House Trust to release any information to the following company that they may request in connection with this account.			
Pension Practitioner .Com			
IFA / Practioner / SSAS adviser (Name and address).....			
Daws House, 33-35 Daws Lane, London, NW7 4SD			

We wish to open a Church House Trust Instant Access Account. Interest earned will be added to the account.	(For internal use only)
	Provision Number:
	Bank Account Number: (60-95-31)

Contact telephone number (work)	Mobile
E-Mail	07957712884
Peterpickering@ntlworld.com	

We have read and agree to the terms and conditions applicable to this account. and authorise and request that Church House Trust pay all cheques and other instructions for payment signed on our behalf by one/ two of the following duly authorised officials (delete as appropriate).	
Signed on behalf of the Administrator (if applicable)	Date
Signed on behalf of the Trustee	Date
Signed on behalf of the Trustee	Date
Signed on behalf of the Trustee	Date

Church House Trust Limited 3 Goldcroft, Yeovil, Somerset BA21 4DQ
Tel: 01935 609600 Fax: 01935 410674 www.church-house-trust.co.uk

Church House Trust Limited - Registered in England and Wales (Company No. 980698)
Registered office is Discovery House, Whiting Road, Norwich NR4 6EJ. Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority