

Church House Trust

BANK ACCOUNT APPLICATION FORM

Name of Scheme PETER PICKERING PENSION SCHEME	SSAS -	Designated Client A/C
Professional Trustee (full name)	BSTR No.	
Address		
Trustee (full name) (For copy bank statements to be sent)	Address 3 WARDEN AVE COLLIERS ROW REMFORD RM5 2SP	
Trustee (full name)	Address	
Trustee (full name)	Address	
Trustee (full name)	Address	
I/We authorize Church House Trust to release any information to the following company that they may request in connection with this account.		
IFA/Practitioner/SSAS adviser (Name and address).....		

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

Contact telephone number (work)	Mobile 07957712884
E-Mail Peter.Pickering@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 any of the one/ two of the following duly authorised officials (delete as appropriate).

Signed on behalf of the Professional Trustee (if applicable)	Date
Signed on behalf of the Trustee P.M. Pickering	Date 19/12/2013
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 6LJ. Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority