

## Pension Scheme Account Opening Request

Email to (preferred option): [Partnership.Support@metrobank.plc.uk](mailto:Partnership.Support@metrobank.plc.uk)

Post to: The Manager, Partnership Support, Metro Bank PLC, One Southampton Row, London, WC1B 5HA (if enclosing a cheque, please use this option)

### 1. PENSION SCHEME DETAILS

Type of Pension Scheme Full Name of Pension Scheme  
(e.g. SIPP, SSAS)

SSAS

Qualimach Limited Self Administered Scheme

Full Name of Pension Provider

RC Administration Limited

Full Name and Address of Professional Trustee

Full Name and Address of Scheme Administrator  
(if different to Professional Trustee)

Registered Scheme Administrator Ltd  
Venture Wales  
Merthyr Tydfil  
CF48 4DR

HMRC registration number of the Pension Scheme

00149428RC

Are statements required?

☐ Yes ☒ No

Does Employer pay premiums/contributions?

☒ Yes ☐ No

If yes please provide Full Name and Address of Employer and the company registration number (if applicable)

Qualimach Limited  
First Floor, Unit 4, Broadfield Court, Sheffield,  
S8 0XF, South Yorkshire,  
Company number 01516994

### 2. MEMBERS AND TRUSTEES Please add below details of all scheme members and trustees

First Scheme Member/Trustee (please delete as appropriate)

Title Mr.

Email Address

keith@qualimach.co.uk

First Name

Keith

Current Address

6b Stone Road, Coal Aston,  
Dronfield,  
S18 3AH,  
Derbyshire

Middle Name(s)

Arthur

Surname

Senior

Date moved in

03/06/1988

Date of Birth

09-01-1950

Are statements required?

☐ Yes ☒ No

Gender

Male

Is this individual a Scheme member?

☒ Yes ☐ No

Nationality

British

Is this individual a Member Trustee?

☒ Yes ☐ No

Country of Birth

UK

Is Online Banking required?

☒ Yes ☐ No

Home Telephone Number

01246 414053

(Please note View Only Access is available.  
A mobile number is required for the setup so  
please ensure this has been completed  
on the form)

Mobile Number

07860567527

**OPEN 7 DAYS**

Monday - Friday: 8am - 8pm • Saturday: 8am - 6pm • Sunday: 11am - 5pm  
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## Pension Scheme Account Opening Request (continued)

### 2. TRUSTEES DETAILS (continued)

#### Second Scheme Member/Trustee (please delete as appropriate)

|                       |                                           |                                                                                                                                                                               |                                                                                        |
|-----------------------|-------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|
| Title                 | <input type="text" value="Mrs."/>         | Email Address                                                                                                                                                                 | <input type="text" value="keith@qualimach.co.uk"/>                                     |
| First Name            | <input type="text" value="Kathleen"/>     | Current Address                                                                                                                                                               | <input type="text" value="6b Stone Road, Coal Aston, Dronfield, S18 3AH, Derbyshire"/> |
| Middle Name(s)        | <input type="text" value="Marie"/>        | Date moved in                                                                                                                                                                 | <input type="text" value="03/06/1988"/>                                                |
| Surname               | <input type="text" value="Senior"/>       | Are statements required?                                                                                                                                                      | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                    |
| Date of Birth         | <input type="text" value="13-06-1953"/>   | Is this individual a Scheme Member?                                                                                                                                           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                    |
| Gender                | <input type="text" value="Female"/>       | Is this individual a Member Trustee?                                                                                                                                          | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                    |
| Nationality           | <input type="text" value="British"/>      | Is Online Banking required?<br>(Please note View Only Access is available.<br>A mobile number is required for the setup so please ensure this has been completed on the form) | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                    |
| Country of Birth      | <input type="text" value="UK"/>           |                                                                                                                                                                               |                                                                                        |
| Home Telephone Number | <input type="text" value="01246 414053"/> |                                                                                                                                                                               |                                                                                        |
| Mobile Number         | <input type="text" value="07976 378333"/> |                                                                                                                                                                               |                                                                                        |

#### Third Scheme Member/Trustee (please delete as appropriate)

|                       |                      |                                                                                                                                                                               |                                                          |
|-----------------------|----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| Title                 | <input type="text"/> | Email Address                                                                                                                                                                 | <input type="text"/>                                     |
| First Name            | <input type="text"/> | Current Address                                                                                                                                                               | <input type="text"/>                                     |
| Middle Name(s)        | <input type="text"/> | Date moved in                                                                                                                                                                 | <input type="text"/>                                     |
| Surname               | <input type="text"/> | Are statements required?                                                                                                                                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Date of Birth         | <input type="text"/> | Is this individual a Scheme Member?                                                                                                                                           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Gender                | <input type="text"/> | Is this individual a Member Trustee?                                                                                                                                          | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Nationality           | <input type="text"/> | Is Online Banking required?<br>(Please note View Only Access is available.<br>A mobile number is required for the setup so please ensure this has been completed on the form) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Country of Birth      | <input type="text"/> |                                                                                                                                                                               |                                                          |
| Home Telephone Number | <input type="text"/> |                                                                                                                                                                               |                                                          |
| Mobile Number         | <input type="text"/> |                                                                                                                                                                               |                                                          |

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## Pension Scheme Account Opening Request (continued)

### 7. DECLARATION AND SIGNATURE(S) (continued) Please note all trustees must sign below

#### Member Trustee(s)

Print name

Keith Arthur Senior

Signature

*Keith Arthur Senior*

Date

04/05/2022

Print name

Kathleen Marie Senior

Signature

*Kathleen Marie Senior*

Date

04/05/2022

Print name

Signature

Print name

Signature

Date

Date

Print name

Signature

Date

Print name

Signature

Date

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