



Telephone: 0800 634 4862 Fax: 020 8711 2522 Email: info@pensionpractitioner.com www.pensionpractitioner.com
UK Administration Centre: 48 Chorley New Road, Bolton BL1 4AP

Metro Bank Plc
One Southampton Row
London
WC1B 5HA

Date:

Dear Team,

Account Number: 17581333

Please accept this letter as my request to close the above account with immediate effect. Please arrange to transfer any remaining balance to the follow account.

Account Name: **Robinson Family SSAS**
Account Number:
Sort Code:
Payment Ref: **Robinson Family SSAS**

Handwritten signature of Julia Robinson in blue ink.

Julia Robinson

Handwritten signature of Craig Stainforth in blue ink.

Craig Stainforth

Handwritten signature of George Robinson in blue ink.

George Robinson

Handwritten signature of Neil Fewlass in blue ink.

Neil Fewlass

Handwritten signature of Josephine Robinson in blue ink.

Josephine Robinson

We hereby give our consent to the closure of the above account and a transfer out of the closing balance as requested above.

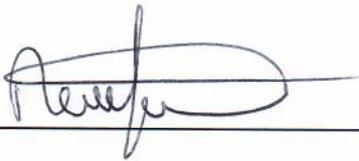
Authorised Signatory – Pension Practitioner. Com Limited

G. C. Robinson (Signature)

George Robinson

J.D. Robinson (Signature)

Josephine Robinson

 (Signature)

Neil Fewlass