



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**



Julia Robinson




Craig Stainforth



George Robinson



Neil Fewlass



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.

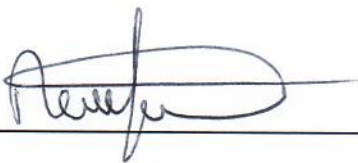
Authorised Signatory – Pension Practitioner. Com Limited

G. C. Robinson (Signature)

George Robinson

J.D. Robinson (Signature)

Josephine Robinson

 (Signature)

Neil Fewlass