

## **Church House Trust**

BANK ACCOUNT APPLICATION FORM			
Name of Scheme			
PSTR No.			
Administrator (full name)		Address	
Trustee (full name) (For copy bank statements to be sent) Jucilla Whede		workester with Eart.	
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.			
IFA / Practioner / 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)	
		Provision Number:	
		Bank Account Number:	(60-95-31)
Contact telephone number (work)			
E-Mail			
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 12 - 2 - 2014
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