

Church House Trust

BANK ACCOUNT APPLICATION FORM				
Name of Scheme	SSAS -		Designated Cllent A/C	•
	PSTR No.			
Professional Trustee (full name)		Address		: I
	74			
Trustee (full name) (For copy bank statements to be sent)		Address 59 whitwell Close, huton LUB 4BT		
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/Practioner/SSAS adviser (Name and address)				
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)				
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 th (if applicable)	e Professional Trustee	/////	Date	
Signed on behalf of th	e Trustee X		Date	12000
Signed on behalf of th	e Trustee		Date	
Signed on behalf of the Trustee			Date	
Signed on behalf of the Trustee		•4	Date	

Church House Trust Limited 3 Goldcroft, Yeovil, Somerset BA21 4DQ Tel: 01935 609600 Fax: 01935 410674 www.church-house-trust.co.uk