

Silvercrest Associates Ltd SSAS,
8 Imperial House,
Victory Place,
London E14 8BQ

16th April 2015

Hi Brad,

Thank you for your help recently with the bank account situation.

Please would you fill in the form enclosed and return it to me so I can send it to Cater Allen.

My "take" on the form is that you need to fill in sections 2, 4, 5, 6 (?), 9 and 10.

Please check with Cater Allen if necessary.

Not sure how you will incorporate all the Pension Practitioner signatures, I leave that to you.

Best Regards,

A handwritten signature in blue ink, appearing to read 'Mel Jones', with a stylized flourish at the end.

Mel Jones

CCR



Cater Allen

PRIVATE BANK

PENSION FUNDS ACCOUNT RENEWAL MANDATE FORM

Please complete this form in BLOCK CAPITALS and black ink and return it in the pre-paid envelope provided to: **Cater Allen Private Bank, 9 Nelson Street, Bradford BD1 5AN.** If you need any help completing this form, please call us on 0800 092 3300.

For action by Professional Adviser only

Existing Account number

54947248

Master number allocated

Guidance notes

Applicant to read

This Renewal Mandate will supersede any previous Mandates held in relation to this Account and will only come into force once we have confirmed to you that this Mandate has been accepted. It is important to note that existing authorised signatories wishing to remain on the account will also need to complete this form.

All Renewals for Trustee Bank Accounts to be used in support of Small Self Administered Pension Schemes are required to include a professional co-signatory in addition to that of the Scheme Member/s. The professional co-signatory must be a Scheme Administrator/ Practitioner, Pension Provider or Financial Intermediary associated on the account and must act (for the duration of the Cater Allen relationship) as either sole signatory or joint signatory alongside the Scheme Member.

1 Please tell us about your Pension Scheme

Applicant to complete

It is important to note that we cannot progress your application unless all fields within this section are completed.

Please select from one of the options below:

Pension Trustee ☒ Scheme Administrator ☐
Professional Trustee ☐ Scheme Practitioner ☐

Scheme name – as shown on Account

SILVERCREST ASSOCIATES LTD SAs

Contact name

MELVYN S. JONES

Scheme registered address*

8 IMPERIAL HOUSE,
VICTORY PLACE,
LONDON
Postcode E14 8BQ

Address for correspondence*

8 IMPERIAL HOUSE,
VICTORY PLACE,
LONDON
Postcode E14 8BQ

* For registered and correspondence addresses only UK and BFPO addresses are acceptable. C/O and PO Box addresses are not acceptable.

Business telephone number

0207 536 0801

Business fax number

Mobile

079 32 124 775

Email (optional information)

meljones_silvercrest@hotmail.com

We wish to add (how many?)

Pension Trustee ☐ Scheme Administrator ☐
Professional Trustee ☐ Scheme Practitioner ☒

Authorised Signatories

We wish to remove (how many?)

Pension Trustee ☐ Scheme Administrator ☐
Professional Trustee ☐ Scheme Practitioner ☐

Authorised Signatories

Name(s) to be added / removed (please delete as appropriate)

BRADLEY DAVIES OF PENSION P.#

Name(s) to be added / removed (please delete as appropriate)

+ TWO OTHERS FROM *

* PENSION PRACTITIONER DT.COM

2 Personal details of Scheme Administrator, any Independent / Professional / Corporate / Scheme Trustees as well as all Authorised Signatories on the account

Applicant to complete

In order to ensure that the Bank's information is always up to date and to comply with Anti Money Laundering Regulations please complete the form below. In some circumstances the Bank may not be able to process this request without this information.

If this Renewal Mandate does not provide you with enough space for everyone's personal details, please photocopy this section of the mandate and complete for each additional person then attach all relevant pages to this application.

For Corporate Trustees, we will require a list of authorised signatories on company letterhead and at least one signatory from that list must sign in this section.

Please note: Trustees and/or Scheme Members who are not Authorised Signatories on this Account must also sign the acceptance section at the end of this application form.

First applicant

If you are an existing Cater Allen Client, please provide your Cater Allen account number

54947248

Existing customer ☒ New customer ☐

Authorised Signatory ☒ Scheme member (if SIPP) ☐

Mr ☒ Mrs ☐ Ms ☐ Miss ☐

Other ☐ If 'Other' please state

Forename(s)

MELVYN

Middle name(s)

STEPHEN

Surname

JONES

Any other name you have been, or are, known by

Date of birth 22 09 1957

Male ☒ Female ☐

Country of birth

UK

Nationality

BRITISH

Do you have dual nationality?

Yes ☐ No ☒

If 'Yes' please specify which country

Are you a Trustee of the Scheme?

Yes ☒ No ☐

Current home address (permanent residential address)*

8 IMPERIAL HOUSE, VICTORY PLACE.
LONDON

Postcode E14 8BQ

* This is the address to where your Personal Access Code (PAC) will be posted. C/O and PO Box addresses are not acceptable.

Country of residence

UK

How long have you been at your current home address?

Years 09 Months 00

Telephone (day)

0207 536 0801

Telephone (eve)

0

Mobile

07932 129 775

Email (optional information)

meljonesilvercrest@hotmail.com

Previous home address if less than three years at address shown within 'Current home address' field (if more than one address, please provide details of all other addresses on a separate sheet)

Postcode

How long did you live at this address?

Years Months

Third applicant

If you are an existing Cater Allen Client, please provide your Cater Allen account number

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Existing customer ☐ New customer ☐

Authorised Signatory ☐ Scheme member (if SIPP) ☐

Mr ☐ Mrs ☐ Ms ☐ Miss ☐

Other ☐ If 'Other' please state

Forename(s)

Middle name(s)

Surname

Any other name you have been, or are, known by

Date of birth

--	--	--	--	--	--	--	--

Male ☐ Female ☐

Country of birth

Nationality

Do you have dual nationality?

Yes ☐ No ☐

If 'Yes' please specify which country

Are you a Trustee of the Scheme?

Yes ☐ No ☐

Current home address (permanent residential address)*

Postcode

* This is the address to where your Personal Access Code (PAC) will be posted. C/O and PO Box addresses are not acceptable.

Country of residence

How long have you been at your current home address?

Years

--	--

 Months

--	--

Telephone (day)

Telephone (eve)

Mobile

Email (optional information)

Previous home address if less than three years at address shown within 'Current home address' field (if more than one address, please provide details of all other addresses on a separate sheet)

Postcode

How long did you live at this address?

Years

--	--

 Months

--	--

2 Personal details of Scheme Administrator, any Independent / Professional / Corporate / Scheme Trustees as well as all Authorised Signatories on the account (continued)

Applicant to complete

Fourth applicant

If you are an existing Cater Allen Client, please provide your Cater Allen account number

Existing customer ☐ New customer ☐

Authorised Signatory ☐ Scheme member (if SIPP) ☐

Mr ☐ Mrs ☐ Ms ☐ Miss ☐

Other ☐ If 'Other' please state

Forename(s)

Middle name(s)

Surname

Any other name you have been, or are, known by

Date of birth

Male ☐ Female ☐

Country of birth

Nationality

Do you have dual nationality?

Yes ☐ No ☐

If 'Yes' please specify which country

Are you a Trustee of the Scheme?

Yes ☐ No ☐

Current home address (permanent residential address)*

Postcode

* This is the address to where your Personal Access Code (PAC) will be posted. C/O and PO Box addresses are not acceptable.

Country of residence

How long have you been at your current home address?

Years Months

Telephone (day)

Telephone (eve)

Mobile

Email (optional information)

Previous home address if less than three years at address shown within 'Current home address' field (if more than one address, please provide details of all other addresses on a separate sheet)

Postcode

How long did you live at this address?

Years Months

3 Introducer details

Applicant to complete

When you opened this Account, were you introduced to Cater Allen Private Bank by a Financial Adviser?

Yes ☐ No ☒ If 'Yes' please continue to section 4

When you opened this Account, were you introduced to Cater Allen Private Bank by a Pension Administrator/Practitioner?

Yes ☐ No ☒ If 'No' please continue to section 4

If 'Yes', are they still your Financial Adviser or Pension Administrator/Practitioner?

Yes ☐ No ☐ If 'Yes' please continue to section 4

If 'No', do you have a new Financial Adviser or Pension Administrator/Practitioner?

Yes ☐ No ☒ If 'Yes', please give us their details opposite

Name of company

Address

Postcode

Telephone

Contact name

Email (optional information)

4 Renewal Applications for Trustee Bank Accounts for Small Self Administered Pension Schemes only

Scheme Administrator/Practitioner, Pension Provider or Financial Intermediary to complete

All applications for Trustee Bank Accounts to be used in support of Small Self Administered Pension Schemes are required to include a professional co-signatory in addition to that of the Scheme Member/s. The professional co-signatory must be a Scheme Administrator/Practitioner, Pension Provider or Financial Intermediary associated on the account and must act (for the duration of the Cater Allen relationship) as either sole signatory or joint signatory alongside the Scheme Member. Please confirm which of the following relates to you:

☐ I am an individual authorised and regulated by the Financial Conduct Authority (FCA);

or:

☐ I am employed by a firm that is under the umbrella of a firm or associated company that is authorised and regulated by the FCA

or:

☐ I am employed by a firm of accountants or solicitors who are present within the Institute of Chartered Accountants in England and Wales (ICAEW) or Law Society register

Full name (including any middle names)

Address

Postcode

Telephone

--

Name

--

Email (optional information)

--

Regulator reference number

--

Date of birth

--	--	--	--	--	--	--	--

Scheme administrator / practitioner signature

--

5 Confirmation of Verification of Identity (CVIC)

FCA Authorised and Regulated Financial Adviser to complete

For completion by Financial Conduct Authority (FCA) Authorised and Regulated Financial Advisers only

If you are an FCA Authorised and Regulated Financial Adviser who has fully verified the identities of your client(s) as listed in section 2 of this form, please read and confirm the following details by completing and signing this section.

Please note: This section should only be completed by FCA Authorised and Regulated Advisers – if you do not have an FCA Authorised and Regulated Financial Adviser, please proceed to section 6.

Full name of introducing firm

Regulator reference number

First applicant

Full name (including any middle names)

Current home address

Date of birth

Postcode

Second applicant

Full name (including any middle names)

Current home address

Date of birth

Postcode

Third applicant

Full name (including any middle names)

Current home address

Date of birth

Postcode

Fourth applicant

Full name (including any middle names)

Current home address

Date of birth

Postcode

Confirmation

I/We confirm that:

- (a) the information provided in this section was obtained by me/us in relation to the applicant;
- (b) the evidence I/we have obtained to verify the identity of the applicant(s) (tick only one):

Meets the standard evidence set out within the guidance for the UK Financial Sector issued by the Joint Money Laundering Steering Group ("JMLSG"); or

☐

Exceeds the standard evidence (written details of the further verification evidence taken are attached to this confirmation)

☐

FCA Authorised and Regulated Financial Adviser's Signature

Name

Position

Date

We / I being all the Trustees of (please insert the full name of the Scheme)

SILVERCREST ASSOCIATES LTD SSAS

('The Scheme') hereby amend and renew the Mandate to operate my/our Pension Account ('The Account') with Cater Allen Private Bank ('The Bank') in accordance with the published 'Terms and Conditions' thereof ('the Conditions') and in accordance with the Mandate below, which we acknowledge having received and to which we agree to be bound and any subsequent amendments which the Bank may inform us of from time to time.

We hereby certify that:

- (a) I/we are duly authorised by the Trust Deed of the Scheme to amend and renew the Mandate to operate my/our Account.
- (b) In the event of the death or incapacity of any of the Trustees or Authorised Signatories, the Bank is able to pay or deliver to the order of the survivors, all money, securities, deeds or documents or any other property which you hold for the credit of the remaining Trustees' joint Account.

The liability of as Scheme Administrator/Practitioner, Pension Provider or Financial Intermediary for any indebtedness arising from time to time on the Account(s) shall be limited to the Assets of the Scheme.*

*Please leave blank in the event that there is no Scheme Administrator/Practitioner, Pension Provider or Financial Intermediary on the Account.

Please act on the signature(s) of the Authorised Signatories in respect of cheques or other orders for payment on the Account, and as authority for the sale, purchase, delivery or other dealings with securities, bills, coupons, documents, boxes, packages and their contents and other property at any time held by you.

In consideration of the Bank agreeing to operate the Account in accordance with the Mandate and allowing the arrangements requested herein, I/We jointly and severally agree to indemnify the Bank from and against all losses, claims, expenses, and liabilities whatsoever which the Bank may sustain or incur or become responsible for in any way as a result of:

- i) the Bank agreeing to allow the arrangements requested herein and/or as a result of any operation of the Account in accordance with this Mandate which is found to be in breach of the Trust Deed, and/or
- ii) the Bank's permitting the operation of the Account otherwise than upon the signatories of all Trustee together (please see below, authorised Signatories).

We further agree that this Mandate and indemnity is governed by the laws of England and I/We agree to submit to the exclusive jurisdiction of the English courts.

Authorised Signatories

All transactions on this Account must be signed by

- of the Trustees
(Please enter the number of Trustees to sign)
- ☐ All of the Trustees
- ☐ Individual authorised and regulated by the FCA,
- ☒ Employed by a firm that is authorised and regulated by the FCA
- ☐ Accountant or Solicitor who are registered on the ICEAW or Law Society register
- ☐ In addition to the above the Scheme Administrator/ Practitioner Pension Provider or Financial Intermediary must sign

I/We, together with the Scheme Administrator / Practitioner confirm that as Trustees and Scheme Administrator / Practitioner of the Pension Scheme we will ensure that all transactional activity relating to the Account will comply with all legal, regulatory and reporting requirements to which we are subject in our position as Trustees/Scheme Administrator / Practitioner of such Pension Scheme.

I / We hereby authorise the Bank to provide the Scheme's Auditors with such information as they may request concerning the Account and any transactions which may have taken place via the Account.

I/We authorise Cater Allen Private Bank to disclose details of that Account to my/our Financial Adviser, and Scheme Administrator, as named on this application, or their successors in title.

I/We acknowledge that my/our Financial Adviser may receive commission from Cater Allen Limited in respect of the account. The Bank is hereby authorised to comply with all withdrawal instructions given by facsimile, providing that such instructions are signed in accordance with the current Mandate to operate the Account and the Bank may act upon such instructions without the need for further enquiry.

The Bank may act upon such instructions immediately and without further enquiry unless it has cause to be suspicious as the nature and content of the request.

Upon any of the Trustees ceasing to be a Trustee of the Trust by death or otherwise, the Bank may in the absence of written notice to the contrary from us, treat the surviving or continuing Trustees for the time being, as having full power to carry on the purposes of the Account Holder and to deal with assets within the Account as freely as if there had been no change in the Trust.

The above authority shall remain in force until the Bank receives written notice of its revocation, notwithstanding any change in the constitution (or name) of the Trust and shall apply notwithstanding any change in the identity of the Trustees by death, bankruptcy, retirement or otherwise or the admission of any new Trustee or Trustees.

Copy Statements Preferences

Please read the following preferences and confirm as to whether or not you wish your Financial Adviser to receive copies of all statements issued in respect of your Account by ticking the corresponding box:

I/We authorise the Bank to send copies of all statements issued in respect of my/our Account ☐

I/We **do not** authorise the Bank to supply copies of all statements issued in respect of my/our Account ☒

Changes to Signatories

The Bank will not accept changes in Authorised Signatories unless detailed on the Bank's appropriate Renewal Mandate form.

Closure of Account

The Bank will not accept notification of closure of this Account unless it is authorised by the correct signatories as detailed on the valid Mandate that is in existence at that point in time.

Providing you with information

I confirm that I am entitled to disclose information about any parties named on the application form. If this application is made in joint names "I" in the statement below should be read as "we" where appropriate.

Using my personal information

Whether or not I become a customer, you may use all the information I give to you, Cater Allen Private Bank, or you hold on me, including transactional data, to provide and run the account or service I have applied for. This includes information about the conduct (including details of transactions) of any account or policy that I have with you, a group company or an associated company. You may also use my information to help you develop and improve your products and services. You will keep information about me after my account is closed.

Sharing my personal information

You may share my information for the purposes described in this statement with the group of companies to which you belong (the Santander group) and your associated companies, and with service providers or agents. These companies may be based in other countries. I understand that you will make sure that my information is only used in line with your instructions and your own strict policies on confidentiality. If you transfer my information to another country, you will also make sure that you give it the same levels of protection as needed under the UK Data Protection Act. You may also give essential information about my account and cards (if any) to others if needed to run my account and for regulatory purposes.

My marketing preferences

- You may invite me to take part in market research surveys.

If I don't want to be included in market research,

I can tick this box:



If I have been introduced to you via a Professional Adviser I understand that you will not use my information for marketing purposes (although I may still receive details of products and services from other Santander group companies if I have agreed with them to receive such information).

If I am a customer dealing directly with Cater Allen Private Bank you may identify and let me know by post, telephone or electronic media (including email and SMS) of products or services, which you think may interest me. If I am aged over 18, when deciding whether to provide me with details of a credit product you may search the files of credit reference agencies who will not make a record of this search available to other lenders who search my file.

If I don't want information on other products and services I can tick the following boxes: Please do not contact me

by telephone ☒

by post ☒

by e-mail ☒

by SMS (when available) ☒

Unless I have said otherwise, by continuing with this application, I agree to you contacting me using any of the methods shown above.

I understand that I may receive details of products and services from other Santander group companies if I have agreed with them to receive such information.

Credit reference agencies – Reserve Account for Pensions applications

I understand that when you assess this application, and any future increase in my credit or overdraft limit (this does not apply to those under 18), you will use the information for credit assessment, which may include credit scoring. You may make any enquiries relating to me and my business that you consider necessary (for example, from another financial institution), and search the files of credit reference agencies at my business and home address, which will keep a record of each search. This could affect my ability to get credit elsewhere within a short period of time. Details about this application (whether or not it goes ahead) will be recorded at the credit reference agency. A financial link between joint applicants or between myself and any other person will be created at the credit reference agency. This will link our financial records, where each will be taken into account in all future applications by either or both of us. If I already have a financial association you will assess my application on this basis. This situation will continue until one of us successfully files for a 'disassociation' at the credit reference agency. You will also pass details about me, my business and how I run my account (if my application is successful) to credit reference agencies. When appropriate the credit reference agencies and/or fraud prevention agencies will also record details of my agreement with you, the payments I make under it and any default or failure to keep to its terms and any deliberate non-payment following a change of address without notice.

Verifying my identity and fraud checks

Before you can open this account/add me to this account, or set up my policy, in order to prevent or detect fraud you will check and share the information provided in this application or at any stage with fraud prevention agencies, and may make searches at credit reference agencies who will supply you with information, including information from the electoral register, for the purposes of verifying my identity. Scoring methods may be used to verify my identity. A record of this process will be kept that may be used to help other companies to verify my identity. If false or inaccurate information is provided and fraud identified details will be passed to fraud prevention agencies. Law enforcement agencies may access and use this information.

You and other organisations may search and use the records held by credit reference and fraud prevention agencies to prevent and investigate crime, fraud and money laundering and for example:

- to check details on applications for credit and credit related or other facilities;
- to verify my identity if I or my financial associate applies for other facilities;
- to undertake statistical analysis and system testing;
- to manage credit and credit related accounts or facilities;
- to recover debt and trace my whereabouts;
- to check details on proposals and claims for all types of insurance;
- to check details of job applicants and employees.

You may also search and use your internal records for these purposes.

You and other organisations may search and use from other countries the information recorded at fraud prevention agencies. I understand further information on the credit reference agencies and fraud prevention agencies you use is available by telephoning your Agents on 0800 092 3300.

Access to my information

I understand I have the right to see certain records you hold about me if I pay a fee* and I can get an information sheet (Subject Access Info Sheet) explaining my rights by calling 0800 092 3300.

* Please see Banking Tariff for details.

8 Authorised Signatories

Applicant to complete

Anyone who wishes to be able to transact on this account needs to be identified below as an Authorised Signatory. If you are not identified as an Authorised Signatory, the Bank cannot accept your signature as authorisation to carry out a transaction, e.g. on a letter, on a cheque, on a faxed request, etc.

Where Pension Trustee(s) are the only authorised signatories

In the event that Pension Trustee(s) are the only required authorised signatories required on the account, please read the following statement and confirm your acceptance by signing the signature box and then progressing to the next section:

The following Authorised Signatories wish to operate this account ("The Account") with Cater Allen Private Bank ("The Bank"). By signing this Application Form we confirm that:

- The Trustees have authority from the Individual Scheme Members to allow Cater Allen to undertake appropriate online references searches both now and at any time in the future on the Scheme Members for the purpose of verifying their identity and or their address.
- Cater Allen may also request from the Trustees documents confirming the Scheme Members' identity and or address. The Trustees undertake to ensure that Individual Scheme Members are made aware of Cater Allen's requirements to use their data in this respect.
- We have read and understand the statement above and agree that the Bank can use our information as stated.
- We have received and accept the Terms and Conditions of this Account and agree to also be bound by any subsequent amendments advised to us by the Bank from time to time.
- Our personal information contained in the Personal Details section of this Application is true and correct.
- For Corporate Trustees who will be signing on this Account, we will supply a list of authorised signatories on company letterhead and at least one signatory from that list will be included within this section.

Signature of Trustee

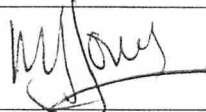
Full name

MELVIN STEPHEN JONES

Position

PENSION TRUSTEE

Signature



Date

17 04 2015

Signature of Trustee

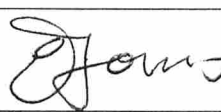
Full name

EWA ROSEKSIŃSKA
JONES

Position

PENSION TRUSTEE

Signature



Date

17 04 2015

Where Pension Trustees and Individual Scheme Members are the authorised signatories

The following Authorised Signatories wish to operate this account ("The Account") with Cater Allen Private Bank ("The Bank"). By signing this Application Form we confirm that:

- We have read and understand the data protection statement and agree that the Bank can use our information as stated.
- We have received and accept the Terms and Conditions of this account and agree to also be bound by any subsequent amendments advised to us by the Bank from time to time.
- Our personal information contained in section 2 of this Application is true and correct.
- For Corporate Trustees who will be signing on this account, we will supply a list of authorised signatories on company letterhead and at least one signatory from that list will be included within this section.

Signature of first Authorised Signatory

Full name

Position

Signature

Date

Signature of first Authorised Signatory

Full name

Position

Signature

Date

8 Authorised Signatories (continued)**Applicant to complete****Signature of third Authorised Signatory**

Full name

Position

Signature

Date

Signature of fourth Authorised Signatory

Full name

Position

Signature

Date

9 Scheme Administrator/Practitioner**Applicant to complete**

I/We, the Scheme Administrator/Practitioner, verify that the above signed names are the legitimate Trustees and Authorised Signatories in the named Scheme and that I/we will comply with my/our obligations as set out in the Declaration and Mandate (section 6) of this application form.

Full name/name of firm

Position/Capacity

Address

Postcode

Signature

Date

10 Important checklist**Applicant to complete****Impersonation checks/non face-to-face verification**

As a means of verifying identity, electronic checks are undertaken by the Bank on all applicants and related parties included within the Personal details section. Specific supporting documents are required for submitting in conjunction to these electronic checks.

Please read the following sections and complete the tick box if required;

Specific documents to be included with all applications

- ☐ Certified copy of the portion of my Trust Deed (and any deed of amendment) showing the name of scheme and names and addresses of all Trustees
- ☐ Any relevant deed of removal and/or appointment

For clients introduced by an FCA Authorised and Regulated Financial Adviser

- ☐ My/our FCA Authorised and Regulated financial adviser has completed section 5 (Confirmation of Verification of Identity, 'CVIC') to verify all parties to the Account

If a CVIC is not being provided

- ☐ I/We have completed the separate Customer Identification Requirements Sheet* and provided copies of the necessary ID documents that have been certified as "a true copy of the original" by a "professional" (Bank employee, Lawyer, Accountant or Notary) in the UK or an equivalent jurisdiction**. Certification of these documents (via a signature) must include the position and contact details of the certifier.
- or:
- ☐ I/We have enclosed a personal cheque written from an account in my/our name with a bank in the UK or an equivalent jurisdiction for the total amount I/we wish to place on deposit and made payable to the name of the Account.
- or:
- ☐ I/We acknowledge that an impersonation check in the form of a letter will be sent to each applicant's home address by the Bank and that I/we will complete the relevant section of this letter and return it to Cater Allen in order that the verification process can be completed and the Account activated. Please note that if this option is taken, the Account will not be activated until the signed letter is received by Cater Allen.

Once you have selected from the relevant option above, please progress to the Acceptance section.

* The Customer Identification Requirements Sheet can be accessed via www.caterallen.co.uk

** If these documents are not certified by a "professional", then we will be required to carry out additional identity checks

Please note: Absence of any of the above required documents will result in delays to the amendment and renewal of the Mandate to operate your Account.

All Trustees (including Corporate Trustees) must sign below.

By signing this application form I/we agree that:

- I/We have completed all relevant sections of this application form
- I/We have read and understand the Declaration and Mandate and Data Protection Statement, and agree that the Bank can use my/our information as stated in the Data Protection Statement
- I/We have received and accept the Terms and Conditions of this Account and agree to also be bound by any subsequent amendments advised to me/us by the Bank from time to time
- I/We hereby certify that the information provided in this application form is, to the best of my/our knowledge and belief, accurate and complete in all respects
- Cater Allen Private Bank is duly authorised to operate the Account.

Signature of first applicant

Full name

MELVYN STEPHEN
JONES

Position

PENSION TRUSTEE

Signature

Date

17 04 2015

Signature of second applicant

Full name

EWA ROSCISZEWSKA
JONES

Position

PENSION TRUSTEE

Signature

Date

17 04 2015

Signature of third applicant

Full name

Position

Signature

Date

Signature of fourth applicant

Full name

Position

Signature

Date

Signature(s) of Trustees and/or Scheme Members who are not Authorised Signatories on the Account.**Signature of first person**

Full name

Position

Signature

Date

Signature of second person

Full name

Position

Signature

Date

Cater Allen Private Bank is able to provide literature in alternative formats. The formats available are: Large Print (as recommended by RNIB), Braille, Audio Tape and PC Disk. If you would like to register to receive correspondence in an alternative format please contact us on 0800 092 3300. For the hard of hearing and/or speech impaired please use the Typetalk service via 18001 0800 092 3300.

Cater Allen Private Bank is the name used for banking services provided by Cater Allen Limited. Registered Office: 2 Triton Square, Regent's Place, London, NW1 3AN. Registered in England number 383032. Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and Prudential Regulation Authority. Our Financial Services Register number is 178737. Cater Allen Limited is part of the Santander group. Cater Allen and the flame logo are registered trademarks. All deposits held with Cater Allen Private Bank are fully and unconditionally guaranteed by Santander UK plc. Calls may be recorded or monitored. Telephone 0800 0923300. www.caterallen.co.uk