Pension Confirmation Form

To: Bank of Scotland [Name and address of business area]

| Type of Pension Scheme (e.g. SIPP, SSAS, Occupational, FURBS) | SSAS | | | | | |
|---|--|---|---|--|--|--|
| Full name and correspondence address of Scheme | M BINERILAST ASSOCIATES LTD SSAS | | | | | |
| Is scheme registered with HMRC? | Yes / No If yes, please provide registration no: | | | | | |
| | 0071216126 | | | | | |
| Does employer pay premiums/contributions? (delete as appropriate) | Yes/ No | No If Yes, please complete sections A and B | | | | |
| (A) Full Name and address of Employer | SILVERCREST ASSOCIATES LAW | | | | | |
| (B) Company Registration Number | 01854179, | | | | | |
| Full Name and address of Professional Scheme Trustee (if applicable) | N/O. | | | | | |
| All Other Trustees * | | | | | | |
| | | | | | | |
| Full Name | | IA B SUACS | meuyn sines | | | |
| Home Address | VICTORY | Imperial House. PLAKE EIH. & BD | FLAT & Imperial House VICKED PLACE LONDON. E14. 8BB | | | |
| Date of Birth | 11-4- | 59 | | | | |
| Nationality | BUTT | 54 | Brutish | | | |
| Country of Residence | UK | | WK | | | |
| Policy Holder / Scheme Mer | mber (not re | quired if account is for Pe | ension scheme itself) | | | |
| Full Name | | | | | | |
| Home Address | | | | | | |
| Date of Birth | 71 | | | | | |
| Nationality | | | | | | |
| | | | | | | |

* Continue on additional sheets if necessary.

Country of Residence

Expected Account Activity: 6-12 per year. e.g. no of transactions / total value / time account 10 years plus period of account to be open. I certify that I have reviewed the Pension Trust Deed in respect of the above named Pension Scheme and: The pension has been properly constituted. The details shown above are complete and accurate. The Trustees are empowered to open an account at Bank of Scotland. The Trustees are empowered to operate the account / to appoint representatives to operate the account: Third party payments are not permitted (delete as appropriate) The Trust Deed will be available for inspection by the Bank, if required and that the copy will be 0 retained for a period of 6 years after the account has closed The signatories on the attached account mandate have been authorised to act by the trustees of the scheme / the trustees representatives. We permit Bank of Scotland plc to make enquiries of HMRC to confirm this scheme is registered with

them for tax relief and exemptions. We authorise HMRC to provide this information to Bank of

Scotland plc upon request. Signature:

Printed Name:

Pension Practitioner .Com Limited

33-35 Daws Lane Mill Hill

London NW7 4SD

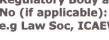
7/3/02 GAVIN MCCIOSKELD

Version 4 -November 2007

For and On Behalf Of:

Date:





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