

# Church House Trust

## BANK ACCOUNT APPLICATION FORM

Name of Scheme	SSAS – PSTR No.	Designated Client A/C
Professional Trustee (full name)	Address	
Trustee (full name) (For copy bank statements to be sent) AMANDA CRAN	Address 2 THE FIDS, KEMBLE CIRENCESTER GL7 6 A2.	
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/Practitioner/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) Number:  Bank Account Number: (60-95-31)
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Contact telephone number (work) .....	Mobile .....
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 any of the one/ two of the following duly authorised officials (delete as appropriate).

Signed on behalf of the Professional Trustee (if applicable)	Date
Signed on behalf of the Trustee 	Date
Signed on behalf of the Trustee	Date
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](http://www.church-house-trust.co.uk)

Church House Trust Limited - Registered in England and Wales (Company No. 980698)  
Registered office is Discovery House, Whiting Road, Norwich NR4 6EJ. Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority