

Strictly Private & Confidential

Brad Davis
Pension Practitioner.Com
Daws House
33-35 Daws Lane
London
NW7 4SD

27th February 2012

Dear Mr Davis

RE: SSAS Application/Set-Up Questionnaire – Mr T Moloney

I am pleased to confirm we have recommended our client, Tom Moloney of Transair Ltd, to use the services of your company as a SSAS practitioner for his pension planning.

The excellent feedback and assistance you provided me in my researches, together with your clear charging structure both contributed to the final decision. Mr Moloney has accepted our advice, and I now attach the following initial paperwork:

- A summary of client's background and existing pension benefits for your convenience
- Pension Practitioner.COM *Set Up Questionnaire*
- *Investec Bank Application*
- *Zurich Transfer Claim Form*
- *Aviva Transfer Information Form*
- *Friends Life Transfer Form*
- Age Evidence/ID (certified copies of passport and utility bill)

The application/discharge forms are signed by the client and completed as much as possible. Please could you confirm receipt and let me know what will happen next. If you need anything else from the client or myself, I will be happy to assist.

I trust this is satisfactory although should you have any queries please do not hesitate to contact me.

Yours sincerely


Christopher Brown

Tel: 020 7562 5823

Email: chris.brown@bpfs.com





{ the fresh approach
to financial services }



Mr Thomas Moloney

Overview

- Mr Moloney runs a firm selling aviation equipment to pilots.
- He is looking to develop aircraft hangers near his offices at Shoreham airport.
- Funds from existing pension plans (shown below) will be used for this investment.
- He is experienced in property purchase and has everything in place (valuations, solicitors, rental etc).
- He knows what he is doing and only needs the bare minimum administration and guidance.

The Existing Scheme Details

Friends Life

Policy	Fund	Contributions
3561048	£79,927.06	£418.54 pm (gross)
3570323	£43,739.54	£46.89 pm (gross)
Total	£123,666.60	
10758126	£32,748.50	-
11935062	£1,374.70	-
Total	£34,123.20	-

Aviva TL94087994

Fund £14,785.80

Zurich P13095-049-001/DL

Fund £55,938.85 (all Protected Rights)

Total Transfer	£228,514.45
Protected	£55,938.85
Ordinary	£172,530.79

SET UP QUESTIONNAIRE

Name of Scheme

TM SSAS FUND

Name of Company/Employer creating the Scheme

TRANS HOLDINGS LTD

Serving Address for Pension Correspondence

THE COACH HOUSE

HORSHAM ROAD

STEYNING

WEST SUSSEX

BN44 3AA

Telephone Number

01903 817047 / 07770 964633

Contact Name

TOM MOLONEY

Email Address

tmoloney@transair.co.uk

Name of Accountant

DAVE EVANS

Address

MARKS BLOOM ACCOUNTANTS

60/62 LONDON ROAD

KINGSTON UPON THAMES

KT2 6QZ

YOU CAN CHOOSE WHAT
TO CALL THE SCHEME (E.G. THE TRANS AIR SSAS)



Telephone Number

020 8549 9951

Contact Name

DAVE EVANS

Name of Financial Advisor

BLUEPRINT FINANCIAL SERVICES

Address

51 MOOREATE

LONDON

EC2R 6PB

Telephone Number

0207 562 5823

Contact Name

CHRIS BROWN (GENERAL
QUERIES) NICK CRONIN (IFA)

Trustees

Name of Trustee 1

THOMAS MOLONEY

Date of Birth

24-08-62

Proposed Retirement Date

2027

National Insurance Number

WM 503029A

Home Address

COACH HOUSE

HOLSHAM ROAD

STEYNING, W. SUSSEX BN44 3AA



Is this Trustee also a Member Y/N

Name of Trustee 2

Date of Birth

Proposed Retirement Date

National Insurance Number

Home Address

Is this Trustee also a Member Y/N

Name of Trustee 3

Date of Birth

Proposed Retirement Date

National Insurance Number

Home Address

Is this Trustee also a Member Y/N

OPTIONAL

Name of Trustee 4

Date of Birth

Proposed Retirement Date

National Insurance Number

Home Address

Is this Trustee also a Member

Y/N

Name of Trustee 5

Date of Birth

Proposed Retirement Date

National Insurance Number

Home Address

Is this Trustee also a Member

Y/N

Register with Pensions Regulator

Y/N (Pension Practitioner .Com to complete)

Administration Team Requirements

Please return this form to:

info@pensionpractitioner.com

Alternatively, post this form to:

Pension Practitioner .Com Limited

Daws House

33-35 Daws Lane

London

NW7 4SD

X | Signed:
Date:

Tam.
20.2.12

X

Attention Investec Bank

Date

Fax

020 7597 4139



Out of the Ordinary™



Investec
Bank

Application form for SIPP/SSAS Accounts

Guidance note for completing this form

1. Complete all relevant sections fully.
2. If this form does not provide you with sufficient space to complete all details, please photocopy the relevant section of this form and complete for each additional person then attach all relevant pages to this form.
3. All trustees of the Pension Scheme must complete and sign this form.
4. If any trustee is an incorporated body such as a company, it must send us a separate mandate setting out the parties who are authorised to act on behalf of that trustee.

1. Scheme details

Scheme name **TM SSAS FUND**

Contact address **COACH HOUSE, HORSHAM ROAD, STEYNING, WEST SUSSEX. BN44 3AA**

Contact name **Tom MOLONEY** Tel no **01273 466000**

Date of formation of Scheme **D D M M Y Y Y Y** Scheme tax reference (if applicable)

Beneficiary(ies) details (only list beneficiaries with an interest in at least 20% of the value of the Pension Scheme)

Beneficiary 1 Name **THOMAS MOLONEY**

Current residential address **COACH HOUSE, HORSHAM ROAD, STEYNING, WEST SUSSEX. BN44 3AA**

Postcode **BN44 3AA**

Date of birth **24 08 1962**

Beneficiary 2 Name

Current residential address

Postcode

Date of birth **D D M M Y Y Y Y**

2. Introducer/IFA/Agent/Broker details

Name of company **Pension Practitioner .Com**

Name of contact person **Brad Davis**

Address **Daws House, 33-35 Daws Lane,**

London Postcode **NW7 4SD**

Contact number **0800 634 4862** Email address **bradd@pensionpractitioner.com**

PLEASE COMPLETE WHOLE FORM

3. Account information

Please select (by ticking below) the Account(s) that you wish to apply for and complete the required information for the Account(s).



Pension and Trust Reserve

Interest paid



Monthly



Annually

Amount to invest (minimum deposit £25,000)

£ 237,000



Pension and Trust Cheque (interest paid monthly)

Amount to invest

£



Fixed Term Deposit (minimum investment £50,000 or the equivalent in US dollars or Euro)

Currency



Sterling



US dollars



Euro

Amount to invest

£/€/S

Term of deposit



6 Months



1 Year



2 Years



Other (specify)



Investec Income Account (interest paid monthly) Amount to invest (minimum deposit £25,000)

£

Investec Income Account Regular quarterly withdrawal instruction: In order to give the Bank a Regular Withdrawal Instruction, please complete the information below. Please see the Special Terms and Conditions of the Investec Income Account for more information about regular withdrawals.

Amount of regular withdrawal

£

Date of first withdrawal



(must be at least three months in the future) and quarterly thereafter

Bank account details for quarterly withdrawals (this account must be in your name and held by you for the benefit of the same beneficiary(ies) named above).

Name of bank/building society

Account number

Sort code



Other account

Interest paid



Monthly



Annually

Currency



Sterling



US dollars



Euro

Amount to invest

£/€/S

Method of deposit



Cheque payable to the Scheme Account



Electronic transfer

Interest paid away

Accounts in Sterling: Unless stated otherwise in the Account Specific Terms, you can elect at any time to have interest on the Account paid to another account held by you, for the benefit of the same beneficiary(ies) named above, with Investec Bank plc (the "Bank") or another UK bank/building society. In the case of a Notice, Fixed Term Deposit or Structured Deposit Account, interest can only be paid to an account in your name. If you would like the interest to be paid away to another account, please complete the following section.

Name of bank/building society

Account number

Sort code

4. Declarations by the Trustee(s)

- 4.1 We apply for the Account(s) specified in Section 3 (each account being an "Account" as defined in the Investec Bank plc General Terms and Conditions) to be opened in our name(s) as trustee(s) of the Scheme named in Section 1.
- 4.2 The Account(s) will be held by us for the benefit of the beneficiary(ies) named in Section 1 and we confirm that all sums deposited on the Account(s) will be held by us for the benefit of the beneficiary(ies).
- 4.3 We acknowledge receipt of and confirm that we accept the terms of the Agreement, as defined in the Investec Bank plc General Terms and Conditions.
- 4.4 We declare that all of the information provided in this form and the supporting documents we have given to the Bank is true and complete and confirm our understanding that the Bank, in making its decision to open the Account(s), will be relying on such information.
- 4.5 We understand that the Bank will only be bound by the Agreement in relation to the Account(s), once we have completed, signed and returned this application form with all supporting documentation and the Bank has completed its final checks and has agreed to open the Account(s) for us.
- 4.6 We understand that the personal information provided on this application form and other information relating to the Account(s) may only be used in accordance with the purposes and disclosures under the current data protection legislation. By signing this application form, we confirm that we have read and understood the data protection policy as disclosed in the Investec Bank plc General Terms and Conditions and we consent to the activities described therein.
- 4.7 We agree that the Bank may in its discretion perform independent checks to verify our identity and/or address and/or to validate certified documents that we have provided to the Bank. We further agree that these recognised independent checks may include documented checks of electronic phone directory, electoral register and/or credit bureau records, and/or confirmation from a solicitor or accountant. We also confirm that the beneficiary(ies), settlor(s) and protector(s) of the Scheme have agreed that the Bank may in its discretion perform such checks in relation to them.
- 4.8 We declare that:
- 4.8.1 the Scheme to which this form relates is registered by HM Revenue & Customs or has been submitted to HM Revenue & Customs for registration under the Finance Act 2004; and
- 4.8.2 we or our successors shall notify the Bank if at any time the Scheme (or arrangements under the Scheme in respect of which benefits are to be secured under the Scheme) cease(s) to be registered under the Finance Act 2004.
- We authorise HM Revenue & Customs to tell the Bank if the Scheme is not registered or if that registration is withdrawn.
- 4.9 We authorise the Bank to disclose information about us and our Account(s) to any IFA/agent/broker/introducer who has introduced us to the Bank for the Account(s) and/or whose details we provide to the Bank from time to time. This includes any IFA/agent/broker/introducer named in Section 2 of this form.
- 4.10 We acknowledge that the Bank may pay commission to any IFA/agent/broker/introducer who has introduced us to the Bank for the Account(s) and that further information is available on request from the IFA/agent/broker/introducer.
- 4.11 **Rules for written instructions**
- We instruct the Bank to act on instructions of (please insert number of trustees and preferred signing instructions)
-
-
- If left blank, the Bank will be entitled to rely on the signed instructions of any two trustees. We confirm that the Scheme Rules/Trust Deed permits us to delegate authority to operate the Account(s) in the manner set out above.
- 4.12 We certify that we are entitled, under the terms of the Scheme Rules/Trust Deed, to apply for the Account(s), accept the terms of the Agreement and to operate the Account(s) in accordance with the Agreement.

All Trustees must complete the information below and sign and date this form

Trustee 1

Full name
Signature
Date

Trustee 2

Full name
Signature
Date

Trustee 3

Full name
Signature
Date

Trustee 4

Full name
Signature
Date

Two Authorised Signatories of the Professional/Corporate Trustee must sign below, for and on behalf of the Professional/Corporate Trustee

Authorised Signatory 1

Full name
Signature
Date

Authorised Signatory 2

Full name
Signature
Date

5. Declarations by the Introducer/Administrator/Trustee

- 5.1 We confirm that we are aware that the trustee(s) of the Scheme named in Section 1 above are applying for the Account(s) specified above and we confirm that we have carried out anti-money laundering checks in relation to the trustee(s), settlor(s), beneficiary(ies) and protector(s) of the Scheme.
- 5.2 We will provide to the Bank, on demand, certified copies of all evidence of our anti-money laundering checks in relation to the trustee(s), settlor(s), beneficiary(ies) and protector(s).
- 5.3 We confirm that the signatures above are those of all the validly appointed trustee(s).
- 5.4 These declarations by us shall be governed and construed in accordance with the laws of England and Wales.

Signed for and on behalf of (insert Introducer/Administrator/Trustee name and FSA number)

Name
FSA number

To be signed by the Introducer/Administrator/Trustee in accordance with their signing conditions confirmed to the Bank

Authorised Signatory 1

Full name
Signature
Date

Authorised Signatory 2

Full name
Signature
Date

Personal Pension Plan - Transfer claim form

Please ensure that sections 2, 3, 4 and 5 are completed by the adviser or receiving scheme and that any additional documents required are enclosed before returning the form. Please complete a transfer claim form for each plan to be transferred.

Section 1: Plan holder personal details

Mr Thomas Moloney
Coach House
Horsham Road
Steyping
West Sussex
BN44 3AA

Plan number: P13095-049-001/DL

Please confirm your date of birth

24-08-62

Please confirm your daytime telephone contact number

07770 964633

Section 2: Details of benefits to be transferred

Protected rights only



Section 3: Details of receiving scheme - to be completed by the adviser or the receiving scheme

Please note that the planholder must be either a member of the receiving scheme or the receiving scheme is the planholders own policy for the receiving scheme to accept the transfer.

Please place a tick in the box next to the receiving scheme type;

1: A pension scheme that was fully approved by HM Revenue & Customs (HMRC) before 6 April 2006 and became a registered pension scheme on that date under Chapter 2, Part 4 Finance Act 2004 (as amended).

☐

2: A registered pension scheme under Chapter 2, Part 4 Finance Act 2004 (as amended).

☐

If the Scheme is one of the above, is it one of the following;

a. An Occupational Scheme which is a Contracted Out Salary Related (Final Salary) Scheme (COSR)?

☐

b. An Occupational Scheme which is a Contracted In Final Salary Scheme?

☐

Is the receiving scheme set up to accept protected rights?

Y / N

(please circle as appropriate)

We will be unable to transfer the protected rights benefits if the answer to the above question is No.

Section 4: Receiving scheme approval/registration - to be completed by the adviser or the receiving scheme

What is the HMRC Approval/Registration Number?

If the Scheme does not have a HMRC Approval/Registration number, please indicate type of Scheme

.....

Section 5: Payment details - to be completed by the adviser or the receiving scheme

Cheque payable to *:
Address:
Post code:
Reference:
Contact name:

*This must be the provider /insurer of the receiving Scheme or, if there is no provider/insurer, the Scheme Administrator (for example, Trustees). If payment is to be made to the Scheme Administrator, documentary evidence showing the Scheme Administrator's link with the receiving scheme must be provided, for instance, a copy of the scheme's letter of approval/registration.

Section 6: Declaration - to be completed by the plan holder

I understand that the final transfer value will be calculated on the next valuation date following receipt of all documentation and information required.

I accept that payment by Zurich Assurance Ltd, in accordance with this authority, shall constitute full satisfaction and discharge of all claims whatsoever, in law and in equity, and I undertake and agree to hold harmless and keep indemnified Zurich Assurance Ltd from and against all claims and demands of any person whatsoever by virtue of the said plan and all expenses arising there from.

I have not been made bankrupt since acquiring the plan.

Plan holder's

signature:

Tom.

Name: Thomas Moloney

Date:

20/2/12

PLEASE SIGN &
DATE HERE

Transfer Information Form

This is our standard transfer value information form used when we receive a request to transfer benefits away from Aviva. It is used in place of completing transfer questionnaires.

Details of arrangement making the transfer

Individual Personal Pension

This scheme satisfies the requirements set out in Part 4 of the Finance Act 2004.

HMRC Registered Scheme Reference number: 00605426RG

Individual's Details

Name: Thomas Moloney

Plan number: TL94087994

National Insurance Number: WM503029A

Date of Birth: 24 August 1962

Gender: Male

Plan retirement date: 24 August 2027

Contracting Out Details

This plan does not include contracted out benefits.

Protected Tax Free Cash

Protected tax free cash entitlement: £0.00


If you have any Tax Free Cash Protection under any other Personal Pension Plans with Aviva this may be affected if you transfer this policy.

Transfer Value Details

Transfer value: £14,785.89

The transfer value is calculated as at 4 January 2012.

The transfer value is not guaranteed. The actual transfer value will be based on the unit prices that we next make available after we receive everything that we need.



Hugh Hessing

Customer Services Director

Signing for Seamus Quigley

Customer Adviser

Transfer payment instruction

Please return to: Aviva BCC, PO Box 520, Norwich, NR1 3WG

Our Reference: P/PP/IP12/SQ

Name: T Moloney

Plan Number: TL94087994

IF YOU TRANSFER TO A PERSONAL PENSION OR A PENSION BUY OUT PLAN WITH AVIVA, WE WILL REQUIRE WRITTEN CONFIRMATION FROM YOU, THAT YOU HAVE SOUGHT FINANCIAL ADVICE.

Please make sure that this form is fully completed in BLOCK CAPITALS before returning it to Aviva, to avoid any delay in paying the transfer value.

Payments will be made directly to your chosen pension provider.

Payee:

(this must be a pension provider)

Department:

Address:

Postcode

Contact Name (if known)

New policy number (if known)

Please pay the transfer value in respect of the above mentioned plan.

I understand that:

the amount actually payable may differ from that shown in the illustration for the reasons explained in the transfer section

where the payment represents all of the benefits under the plan then payment made as requested will discharge Aviva of all liability in respect of this plan

if the payment represents just part of the benefits under the plan then the discharge of liability will only be for the part of the plan represented by the payment

where any benefits remain with Aviva, liability for these will remain with them

Please make sure this form is fully completed and signed in the box below. This will help us pay your benefits as quickly as possible.



Signature of Planholder:

T.Moloney

Date:

20 / 12 / 12

PLEASE SIGN & DATE HERE



Transfer out warranty

Please return to: Aviva BCC, PO Box 520, Norwich, NR1 3WG

Our Reference: P/PP/IP12/SQ

Your Pension Select @ Aviva - TL94087994

Member name: Thomas Moloney

Transferring Scheme Details

Transferring Scheme: Individual Personal Pension

Plan number: TL94087994

Please make sure that this document is fully completed in black ink and BLOCK CAPITALS before returning it to Aviva, to avoid any delay in settling the benefits.

To be completed by the Trustees/Administrator of the receiving scheme/contract.

Receiving Scheme details

Always complete

Receiving scheme / contract name

Receiving scheme / contract number (if known)

Name of bank:

Name in which account is held:

Account number:

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

Sort code:

--	--	--

--	--	--

--	--	--

BACS payment ref:

Type of scheme

Please tick only one

☐

Insured registered scheme (Now complete Section 1)

A scheme registered (or deemed registered) under Part 4 of the Finance Act 2004.

- ☐ Self administered registered scheme **(Now complete Section 2)**
A registered scheme where the assets are invested, other than wholly by payment of insurance premiums, by the trustees, an in house investment manager or an external investment manager.
- ☐ Buy out e.g. S32 or replacement contract **(Now complete Section 3)**
The purchase by trustees of a registered scheme of an insurance policy in the name of the member or other beneficiary, in lieu of entitlement to benefit from the scheme, following termination of the member's Pensionable Service.
- ☐ Overseas scheme **(Now complete Section 4)**
Further information will be needed. Details will be supplied.
- ☐ Retirement Annuity Contract (RAC) **(Now complete Section 4)**
- ☐ Other **(Now complete Section 4)**
- ☐ Statutory scheme **(If the transfer includes contracted out benefits, complete Section 5. If not, go to Section 6)**

A scheme (usually in the public sector) established by an Act of Parliament.

Section 1 - Complete for an insured registered scheme underwritten by a Life Office.

Receiving scheme HM Revenue & Customs (HMRC) registration / approval reference number

The normal retirement age under the scheme is

Name of the receiving Life Office

Address

Is a copy of the HMRC registration/approval e-mail or letter attached?

Yes ☐ No ☐

Is, or will (at the date of transfer), the member become contracted out through the receiving scheme?

Yes ☐ No ☐

If the transfer includes contracted out benefits, please also complete Section 5. If not, go to section 6.

Section 2 - Complete for a self administered registered scheme

Receiving scheme HM Revenue & Customs (HMRC) registration / approval reference number

The normal retirement age under the scheme is

Is a copy of the HMRC registration/approval e-mail or letter attached?

Yes ☐ No ☐

Is, or will (at the date of transfer), the member become contracted out through the receiving scheme?

Yes ☐ No ☐

Payment will only be made to you as Scheme Administrator of the Receiving Scheme.

If the transfer includes contracted out benefits, please also complete Section 5. If not, go to section 6.

Section 3 - Complete for a Buy out

Please send a letter confirming:

After receiving a transfer payment from this policy, you will issue a policy for the benefit of Mr Moloney and/or his dependants.

The policy that will be issued meets the requirements of section 153(8) of the Finance Act 2004. It will also be an appropriate annuity contract under section 19(4) of the Pension Schemes Act 1993.

SCON
reference

S

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

Now complete Section 6.

Section 4 - Complete for an overseas scheme, RAC or Other

Receiving scheme approved by (tax authority)

Tax authority reference number

The normal retirement age under the scheme is

If the transfer includes contracted out benefits, please also complete Section 5. If not, go to section 6.

Section 5 - Complete if there are any contracted out liabilities

Are you willing and able to receive the contracted out liabilities?

Yes ☐ No ☐

Please confirm either

the ASCON A ☐☐☐☐☐☐☐☐☐☐

or ECON E ☐☐☐☐☐☐☐☐☐☐

and SCON S ☐☐☐☐☐☐☐☐☐☐

What is the contracted out scheme type?

☐ Money purchase

☐ Salary related

What is the type of contracting out?

☐ Protected rights payment

☐ Guaranteed minimum pension

☐ Section 9 (2B) rights

Now complete Section 6.

Section 6 - Declaration on behalf of the receiving scheme

I confirm that the above statements are true. On receipt and acceptance of the transfer, it will be applied to provide benefits for or in respect of the member under the receiving scheme in accordance with the appropriate regulations made under the Pension Schemes Act 1993.

Signed

Position

For and on behalf of the Trustees/Administrators of

Date

FriendsLife

Transfer form

This transfer authority form should only be used in respect of a transfer to a UK registered pension scheme.

SECTION 1: Transferring my pension fund to another provider

Policyholder: Mr THOMAS MCLONEY

Which policies do you want to transfer? [Please give details below]

3561048, 3570323, 10758126, 11935062

Please give us the details of the company who will be receiving your pension fund so that we can send the funds directly to them:

Name of the receiving scheme/pension provider:

Address:

Postcode:

Reference: Contact name:

Please ask a representative of this scheme to complete Section 2 of this document for you. Without this information we will be unable to process the transfer.

My new pension provider has completed the questions in Section 2:

Yes [] No []

Declaration:

I instruct Friends Life to transfer my policies to the provider named above. I understand that after the payment has been made I shall have no further claim against Friends Life in relation to these benefits.

Signed:

TAM.

Name in capitals:

THOMAS MCLONEY

Telephone number: 01903 817047

Date: 20/2/12

0700 964 633

IF THIS TRANSFER IS BEING PAID VIA OPTIONS (internet based pension transfer system) THEN WE DON'T NEED THIS PAPERWORK RETURNED

FriendsLife

SECTION 2: Statement by the company receiving the pension transfer.

Scheme details:

Full name of receiving scheme/pension provider

HMRC reference: _____

Type of scheme:

ASCN number if transfer to appropriate personal pension ☐ ASCN number _____

ECON & SCON number if transfer to occupational scheme ☐ ECON number _____
SCON number _____

Is the registered pension scheme fully insured? *[See note below]* ☐ ☐
Please tick

Note: Where the registered pension scheme is fully insured, Friends Life will make payment to the receiving Insurance Company. If the scheme is not fully insured, payment will be made to the trustees.

Is the registered pension scheme permitted to receive the transfer value and will it meet the minimum acceptance terms? ☐ ☐ Please tick

Payment details

We will only make payment direct to your bank account, please provide the following:

Account name _____

Account Reference _____

Account number _____

Sort code _____

Declaration:

We declare that the transfer value from Friends Life will be used to secure benefits under the above scheme.

Signed: _____ Name in capitals: _____

Position in company: _____ Date: _____

Telephone number: _____

IF THIS TRANSFER IS BEING PAID VIA OPTIONS (internet based pension transfer system) THEN WE DON'T NEED THIS PAPERWORK RETURNED

Authority/ Awtoritat/ Ughbarasht/ Instantsia/ Autoritat/ Behörde/ Autorität/ Mynghabsh/ Udarsht/ Экзэкуа Агхы/ Autoridade/ Autoridad/ Viramamant/ Mynghadh/ Pas ydyal/ Valiaandag/ Izyevghastat/ Izyave/ Awtoritá/ Organ/ Wladzy/ Organ/ Urad/ Káhlitl/ hahódag

Date of expiry/ Dyndad d'od/ Iben/ Ertsekhedch qn/ De/ ghegichheidshur/ scadeza/ Cyghit indut/ As feichin/ Hmshpophyia ańghy/ Valido ate/ Este pasaporte expira el/ Vimeinen vomasaposhoyda/ Cúlgit lorn/ Plafnost/ kout/ Kehiv knut/ Derfurnma termíns/ Galloja idel/ Data el/ Eghyng/ Data/ Mygasteda/ Wastozed/ Velja do/ Datum plafnost/ Lejast idó

Holder's signature/ Lohnd y deliad/ Ałmı signobıte an neach-selbhe/ Handtekening van de houder/ signature du titulaire/ Unterschrift der inhaberent (des inhabers)/ Firma del titolador/ Inhabereners underskrift/ Shınu an teashıbyal/ Υπογραφή του κατόχου/ Assinatura do titular/ Firma del titular/ Hıfahıan mınghıghıus/ Passimıhabereners naamtekening/ Podpis inahıghı/ Osmalıku alıktı/ Plıfona parakıstı/ Savınnıfona parakıstı/ Firma ta mın

A mıafıfıonı alıktısa

Observations page/ Syvıwadaı uıdaien/ Fırschach eile/ Optmerkingen/ Platziel/ Page d'observations/ Vermerke seite/ Annotatzion/ Bemerkungen/ side/ Leashnach tegıart/ Hıfapıfıortıe gıvıd/ Pıfına para observatzıe/ Pıfına de observatzıe/ Assımentat sıvı/ Observatzıon sıde/ Poznamky Adnotatıe/ Stran za opombe/ Fıfıomıenky strana/ Mıegleyzsek olıal

PASSPORT
PASSEPORTCode/C code
GBR

Passport No./Passport No.
652565734

Sunshine/Norm (T)
MOLONEY

THOMAS CHRISTOPHER

BRITISH CITIZEN

24 AUG / AOUT 62

M FELTHAM

06 JAN / JAN 10

06 JAN / JAN 20

1/2

Team:

P<GBRMOLONEY<<THOMAS<CHRISTOPHER<<<<<<<<<<<<<<<
6525657349GBR6208244M2001067<<<<<<<<<<<<<<<<06

BLUEPRINT
51 MOORGATE
LONDON
EC2R 6PB

CERTIFIED TRUE COPY OF THE ORIGINAL

CERTIFIED TRUE LIKENESS OF PERSON

DATE: 27.02.22

PRINTED NAME: CAROL Green

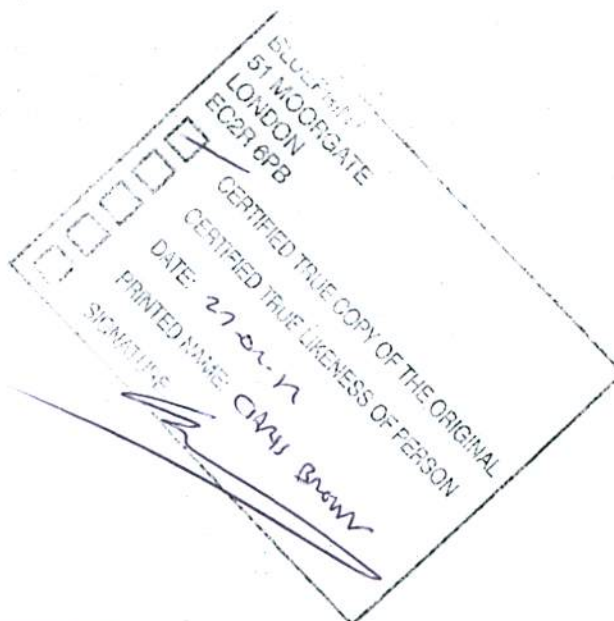
SIGNATURE

30 September 2011
RRM28



673 116 963 480

Mr T Moloney
The Coach House
Horsham Road
Steyping
BN44 3AA



Dear Mr T Moloney
Contract Account Number: 673 116 963 480

It's time for your next bill

We recently tried to read your meter as agreed, but haven't managed to get a reading this time. We're therefore asking for a standard payment based on the value of the energy we think you'll use in a year divided by four to give a quarterly average.

Please pay your Electricity payment of £395.00 by 18 October 2011.

You can pay securely online† at www.edfenergy.com/my-account, by telephone on 0800 015 1736* or use the attached Giro slip.

We'll continue to regularly check your meter to ensure it is safe and while we're there we'll take a meter reading so we can send you an accurate bill.

If you have any questions, please call us free on 0800 056 7777* or contact us online† at www.edfenergy.com. If you've received a bill in the last week, then please ignore this letter.

Yours sincerely,

Steve Hayfield
Customer Services Director

† There may be short periods of time when MyAccount is unavailable, such as when we're conducting routine maintenance.
* Calls may be monitored and recorded as part of our customer care programme. Calls to 0800 numbers are free from BT landlines, but other networks may charge for these calls.

*Paid BACS
21/10/11*

Alliance & Leicester COMMERCIAL BANK		EDF ENERGY		Payment Slip		Bank Giro Credit	
Reference (customer account number)		Credit account number		Amount due (no fee payable at PO counter)		Cash	
673116963480		143 0998		£395.00			
signature		date		Cheque acceptable at PO counter		Cheque	
		43-09-98				£	
Cashier's stamp and initials		HSBC Bank plc Head Office Collection Account EDF Energy Customers plc		6336 6700 1673 1169 6348 003			

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