

Church House Trust

BANK ACCOUNT APPLICATION FORM		
Name of Scheme		
PSTR No.		
Administrator (full name)	Address	
Trustee (full name) (For copy bank statements to be sent) energy Tune Territory	Address 49 Vicarage R	000
Trustee (full name)	Address	
Trustee (full name)	Address	
I/We authorise 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)		
We wish to open a Church House Trust Instant (For internal use only)		
the account.	Provision 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 one/ two of the following duly authorised officials (delete as appropriate).		
Signed on behalf of the Administrator (if applicable)		Date
Signed on behalf of the Trustee	Bailey	Date 14/2014.
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