

# PLUM & IVORY

1 Kings Rd, London, SW14 8PF.  
Tel: 020 8392 0632  
Reg'd in England & Wales No 5767518  
VAT No 991 9772 52

FAO Gavin McCloskey  
Pension Practitioner .Com  
c/o UK Admin Centre  
Office 12  
Venture Wales Building  
Pentrebach  
Merthyr Tydfil  
Wales  
CF48 4DR

8 September 2020

Dear Gavin

Ref: Vantage Partners Limited Executive Pension Plan

Please find attached

1. Signed UTB 12 month deposit account application form
2. Verified copy of my driving licence
3. A copy of the relevant details from my latest reserve account statement in case I have filled anything in incorrectly on page 1

As discussed on email you will now send the relevant information and a cover letter to UTB along with the certified trust deed and scheme rules.

Thank you for your assistance. I look forward to hearing from you accordingly

Kind regards

Yours sincerely



Lorna Jackson

# Business Application (including Trusts & Pensions)

Please complete all sections in full

## Section A

### Your organisation's details

Organisation name:

Vantage Partners Limited Executive Pension Plan

Legal status: Pension Fund  
(i.e. company/trust/partnership/pension trustee etc)

Registration number: 00612773RL  
(as applicable)

Date established: 13 July 2007

Nature of business: n/a

SIC Code: n/a  
(Standard Industrial Classification of Economic Activities)

Number of years trading: n/a

Website: n/a

Registered address:

1 Kings Road

London

Postcode: SW14 8PF

Country: United Kingdom

Address for correspondence:

1 Kings Road

London

Postcode: SW14 8PF

Country: United Kingdom

Contact name: Lorna Suzanne Jackson

Position: Trustee

Telephone: 0208 392 0632

Mobile:

Fax:

Email: ellesjhome@yahoo.co.uk

## Section B

Business nominated bank account (for transferring funds to, and receiving funds from your UTB account)

Account name: VANTAGE PARTNERS LIMITED EXECUTIVE PENSION PLAN

Account number: 6063001

Sort code: 40-64-34

Branch name: LONDON EC2V 7QP

## Section C

### Your new account

Type of new account required (please check available products)

#### Notice deposit

Period \_\_\_\_\_ days

☐ Please tick here to have annual interest repaid to your nominated bank account.

#### Fixed deposit

Term 12 months/years (delete as appropriate)

☐ Please tick here to have annual interest repaid to your nominated bank account. (Only available for terms longer than 1 year)

#### Opening balance

We wish to open a deposit account on the basis set out above with an initial deposit of

£: £80,000 (EIGHTY THOUSAND POUNDS ONLY).

Please note, funds must be sent to United Trust Bank either by way of electronic transfer or a cheque from the Nominated Bank account (details provided in Section B of this application).

#### Please choose one of the options below:

☒ Faster payment, BACS, CHAPS or cheque made payable to United Trust Bank - once your account has been opened

☐ Cheque made payable to United Trust Bank - enclosed with this application

## Section D

Please confirm you are registered in the UK for tax purposes ☒

Are you registered in another country outside of the UK for tax purposes? ☒ No ☐ Yes

Non-UK tax residency country:

Tax reference number:



## Section E

### Signatories, Shareholders, Partners, Trustees, Directors, Beneficiaries, Officers.

Please provide details of all signatories and all beneficial owners/beneficiaries with 25% or more of the issue share capital, voting rights or capital interest. (The first signatory must be a director, partner, owner, trustee or chairperson.)

1.

Name: Lorna Suzanne Jackson

Position: Trustee

Date of birth: 30-03-1968

Country of birth: United Kingdom

Nationality: British

National Insurance number: NP702227A

Residential address: 1 Kings Road  
London

Postcode: SW14 8PF

Tel No: 0208 392 0632

Previous address: (Please complete this if you have lived at your current address for less than three years, if there are more addresses, please provide the information on a duplicate sheet.)

Postcode:

Signatory ☐ Yes ☐ No (If yes please complete Section F)

3.

Name:

Position:

Date of birth:

Country of birth:

Nationality:

National Insurance number:

Residential address:

Postcode:

Tel No:

Previous address: (Please complete this if you have lived at your current address for less than three years, if there are more addresses, please provide the information on a duplicate sheet.)

Postcode:

Signatory ☐ Yes ☐ No (If yes please complete Section F)

2.

Name:

Position:

Date of birth:

Country of birth:

Nationality:

National Insurance number:

Residential address:

Postcode:

Tel No:

Previous address: (Please complete this if you have lived at your current address for less than three years, if there are more addresses, please provide the information on a duplicate sheet.)

Postcode:

Signatory ☐ Yes ☐ No (If yes please complete Section F)

4.

Name:

Position:

Date of birth:

Country of birth:

Nationality:

National Insurance number:

Residential address:

Postcode:

Tel No:

Previous address: (Please complete this if you have lived at your current address for less than three years, if there are more addresses, please provide the information on a duplicate sheet.)

Postcode:

Signatory ☐ Yes ☐ No (If yes please complete Section F)

If more than four individuals are required to fulfill signatory and beneficial owner requirements,

**Section F**

**Account Mandate**

**Signing arrangements**

Please tick one box only. Instructions to operate this account will require:

☒ Any one signatory   ☐ Any two signatories   ☐ All signatories   ☐ Other: \_\_\_\_\_

Please ensure the signature stays within the designated area.

**Sole/~~First~~ signatory**

x

Signature:

Lorna Jackson

Date: 26.8.20

Name: LORNA JACKSON

Please provide your identity document details in the area below:  
(Please refer to Section J for guidance)

Document type: \_\_\_\_\_

**Second signatory**

Signature:

MA

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Please provide your identity document details in the area below:  
(Please refer to Section J for guidance)

Document type: \_\_\_\_\_

**Third signatory**

Signature:

MA

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Please provide your identity document details in the area below:  
(Please refer to Section J for guidance)

Document type: \_\_\_\_\_

**Fourth signatory**

Signature:

MA

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Please provide your identity document details in the area below:  
(Please refer to Section J for guidance)

Document type: \_\_\_\_\_

**Section G**

**How did you hear about United Trust Bank Limited?**

Please choose one option from the list below:

- ☐ Existing customer  
☒ Recommendation  
☐ United Trust Bank Limited website  
☐ Other website or search engine (please provide details below)

If more than four individuals are required to fulfill signatory and beneficial owner requirements, please provide the information on a duplicate sheet.



## Section H

### Marketing Consent

At United Trust Bank Limited we take your privacy and the security of the data you provide to us seriously.

Occasionally we would like to provide your organisation with details of the deposit accounts, savings rates and other products that we offer.

If you provide your consent for your organisation to receive these details, you are free to withdraw it at any time in the future. You can do this by visiting [www.utbank.co.uk/preference-centre](http://www.utbank.co.uk/preference-centre) or by giving us a call on 020 7190 5555.

We will only ever use your information in accordance with any legal rights we have and always in accordance with our Privacy Notice: [www.utbank.co.uk/privacy-policy](http://www.utbank.co.uk/privacy-policy)

Please note that we will never pass your organisation's details to any third party for marketing purposes.

Please confirm your preferences below:

☐ **My organisation would like to receive information from United Trust Bank Limited, regarding Deposit accounts, savings rates and other products that you offer.**

Please let us know the ways in which you are happy for us to contact your organisation by ticking those that apply:

- ☐ Phone/SMS
- ☐ Email
- ☐ Post

☒ **My organisation does not wish to receive such information from United Trust Bank Limited.**

## Section I

### Agreement

We agree to be bound by the General Terms and Conditions and any Additional Terms and Conditions applying to this account or any other account we open with United Trust Bank Limited. We authorise you to make any enquiries that you consider necessary to confirm the details in this application. The information provided in this application is true to the best of our knowledge and the specimen signatures are correct.

We hereby certify that The Organisation has the power to open the account applied for and if required we can produce evidence of the appropriate authority to confirm that the deposit may be made. We confirm that the account we are opening and the money we are investing is on behalf of The Organisation named in this application.

We authorise you to act on the instructions of the authorised signatories named in this application. We acknowledge that we agree to indemnify United Trust Bank Limited fully in the event of any losses, claims or costs, which United Trust Bank Limited may suffer from accepting and enacting instructions provided by The Organisation in accordance with this mandate. We will inform United Trust Bank Limited immediately, in writing, if the authorised signatories are to be changed. We will inform the bank immediately, in writing, should The Organisation's tax status or beneficial owners change.

We confirm that The Organisation named in this application is a UK resident entity and that we will inform United Trust Bank Limited immediately, in writing, if the entity or any named individual cease to be a UK resident.

We confirm that we have read a copy of the Terms and Conditions for the Bank's business accounts in force from time to time and agree to be bound by these.

In order to process your application, United Trust Bank Limited will perform an identity check on your organisation and any individuals named in the application with one or more credit reference agencies ("CRAs"). To do this, United Trust Bank Limited will supply information to CRAs and they will give us information about the organisation and the individuals. CRAs will supply to us both public (including the electoral register) and shared credit, financial situation and financial history information and fraud prevention information.

United Trust Bank Limited will use this information to:

- Verify the accuracy of the data you have provided to us
- Prevent criminal activity, fraud and money laundering
- Verify the identity of The Organisation and the individuals

When CRAs receive a search from us they will place a search footprint on your credit file that may be seen by other lenders.

The identities of the CRA's, their role also as fraud prevention agencies, the data they hold, the ways in which they use and share personal information, data retention period and your data protection rights with the CRA's are explained in more detail within the Credit Reference Agencies Information Document (CRAIN). The CRAIN for the CRAs we use can be found at:

TransUnion: [www.transunion.co.uk/crain](http://www.transunion.co.uk/crain) Equifax: [www.equifax.co.uk/crain](http://www.equifax.co.uk/crain) Experian: [www.experian.co.uk/crain](http://www.experian.co.uk/crain)


If you do not have access to the internet or would prefer a paper copy, please contact us on 020 7190 5555.

We will also use your information in accordance with our Privacy Notice which has been previously provided to you.

A further copy can be found at [www.utbank.co.uk/privacy-notice](http://www.utbank.co.uk/privacy-notice) or contact the Data Protection Officer on 020 7190 5555.

**Signed\***

x



I have received and read a copy of the Depositor Protection Information Sheet ☒

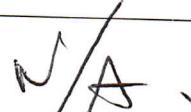
Date: 26.8.20

Name: LAURA JACKSON.

Position: TRUSTEE

\* by either: **two directors (where applicable) or;**  
**two partners (Partnerships and LLPs) or;**  
**two trustees (Trusts and pensions) or;**  
**the business owner (sole traders);**  
**two of the chairperson, secretary and treasurer (Clubs, Associations and Societies)**

**Signed\***



I have received and read a copy of the Depositor Protection Information Sheet ☐

Date:

Name:

Position:



## Section J

### Verification of identity

It is a statutory requirement for all financial services firms in the UK to confirm a client's identity and address to assist in the prevention of financial crime and fraud. As a result of these regulations we will only be able to open an account for you once the required information has been included and the relevant documents have been provided. This section will help you to ascertain which documents are required.

#### List A – Signatories, Shareholders, Partners, Trustees, Beneficiaries

Regulations require us to verify the identity of all account holders, signatories, shareholders, partners, trustees and beneficiaries for each account. To do this we require a copy of an identity document for each individual. The document must be one of the following:

- Valid Passport
- Valid Photocard Driving Licence (Full)
- Her Majesty's Revenue and Customs Letter addressed to the customer (dated in the last 12 months)
- Department of Work & Pensions Communication (dated in the last 12 months)
- Valid Firearms Certificate
- National ID Card e.g. EU State issued National Identity Card

#### List B – Listed Public Limited Companies

- Confirmation of listing on a Recognised Stock Exchange (LSE, NYSE, Euronext etc)

#### List C – Private Limited Companies and Unlisted Public Limited Companies

- Evidence of identity of at least one director who must be signatory to the account mandate and signatory to the application agreement (List A)
- Evidence of identity of all beneficial owners with 25% or more of the issued share capital or voting rights (List A)

#### List D – Trust

- Evidence of identity of all Settlers/Trustors, Trustees, Controllers or parties who have the power to add or remove Trustees and Beneficiaries (List A)
- Evidence of identity of Beneficiaries with 25% or more capital interest (List A)
- Evidence of any corporate Trustees (regulated Corporate trustee firms need to provide details of their regulatory body and unregulated firms – refer to List C)
- Confirmation from the Trustees that there are no anonymous principals or beneficiaries
- An original or certified copy of the trust deed and any supplement thereto

#### List E – Partnership

- Documents as per List A for each partner
- Copy of the partnership agreement

#### List F – Sole Traders

- Evidence of identity of the proprietor (List A)

#### List G – Clubs and Associations


- Evidence of identity of all officers who have authority to operate the account or to give the firm instructions concerning the use or transfer of funds or assets or authorities (List A)
- Resolution of the club or declaration within agreement authorising the opening of the account and conferring authority on those who are to operate it or completion of the appropriate declaration on the application form (if applicable).

### Checklist:


Before you send us your application, please ensure the following are checked:

- All pages of your application form have been completed ☒
- Marketing consent completed ☒
- Depositor Protection Information Sheet acknowledgement box completed and sheet retained for your records ☒
- Photocopies of identity documents for all account holders, signatories, shareholders, partners, trustees and beneficiaries are enclosed ☒
- Relevant documents based on the type of Business ☐
- A signed cheque is enclosed (unless cheque to follow or a bank transfer is to be made once the account is open) ☐

**Please return your completed application to United Trust Bank, One Ropemaker Street, London EC2Y 9AW**



# DRIVING LICENCE



1 JACKSON

2 MISS LORNA SUZANNE

3 30-03-68 ENGLAND


4a 01-03-12 4b 28-02-22 4c DVLA

5 JACKS653308LS9KN 37

7 *Lorna Jackson*

8 1 KINGS ROAD, LONDON, SW14 8PF

9 B, BE, C1, C1E, D1, D1E, *fklnp*

13	9 Cat	10 From	11 To	12 Codes
	B	03-12-85	29-03-38	
	BE	03-12-85	29-03-38	
	C1	03-12-85	29-03-38	
	C1E	03-12-85	29-03-38	107
	D1	03-12-85	29-03-38	101
	D1E	03-12-85	29-03-38	101, 119
	<i>fklnp</i>	03-12-85	29-03-38	

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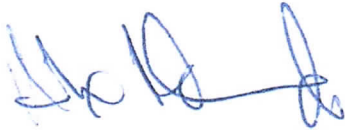
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AE88261477

I certify that this is a true copy of the original document, which I have witnessed



Alex Redmond

27 August 2020

**ARTISAN AFFINITY LTD**  
**CHARTERED CERTIFIED ACCOUNTANTS**  
 12 HALLMARK TRADING CENTRE  
 FOURTH WAY, WEMBLEY HA9 0LB  
 020 8819 8762  
[www.artisan-accounts.co.uk](http://www.artisan-accounts.co.uk)





**Investec**  
Specialist Bank



+44 207 597 4799



scp@investec.co.uk

P11692817-00348-171

Private and confidential  
**Vantage Partners Limited Executive**  
Pension Plan  
1 Kings Road  
London  
SW14 8PF

Account SIPP and SSAS Saver (M)  
Account number 606300/01 SIPPSSAS SAV  
Currency GBP  
BIC IVESGB2L  
IBAN GB55IVES40643460630001



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Statement number **34** for the period **30 April 2020** to **29 July 2020**

#### Current Interest Rates

Balance	Gross p.a. (Monthly interest)	AER*
0.00 - 24,999.99	0.00%	0.00%
25,000.00 +	0.50%	0.50%

Please note that no interest is earned on balances below £25,000