

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 Address
sent)	
Trustee (full name)	Address
Trustee (full name)	Address
TANK AND	
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 Access Account. Interest earned will be added to the account.	(For internal use only)
	Provision Number:
	Bank Account Number: (60-95-31)
Contact telephone number (work)	
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 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	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