

# DOLPHIN TRUST GMBH

## Change/Appointment of Trustee Form

This form is for use where a new trustee is appointed to the exclusion of (i.e. in substitution for) a former trustee or a trust is declared over the Loan Notes.

CERT:

### Section A: Client Details

Name	Rachel
Any Middle Names (if relevant)	
Surname	Hills
Office/Home Address	14 Evelyn Road, Worthing, BN14 8AY
Phone number	07796 958817
E-mail Address	hills2r@gmail.com

### Section B: Former Trustee Details (where applicable)

Pension/Administrator Name	ROWANMOOR
Scheme Name	Evelyn Road 1971 Limited Executive Pension Scheme
Trustee Name	Rowanmoor Trustees Limited
Date of cessation of trusteeship	

### Section C: Incoming Trustee Details

Pension/Administrator Name	
Scheme Name	
Trustee Name	Cranfords Trustees Limited

Attach signed proof of change of trust mandate/proof of appointment - tick to confirm ☒

Total Investment  
Amount (principal)

£

(or attach schedule of client details)

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### Section D: Bank details for new Trustee

Your bank details are required to ensure the return of capital & interest

Bank Name & Address	AIB Bank PLC 4 Hardman St, Manchester M3 3HF, UK
Bank Sort Code	23-83-96
Bank Account Number	65751568
Name/s on Bank Account	Evelyn Road 1971 Limited Executive Pension Scheme
SWIFT	
IBAN number	

### Section E: Signature

I/We, the first below undersigned, confirm that I/we am/are the newly appointed trustee to the pension scheme named above, to the exclusion of the former trustee(s) named above and I/we hereby request you to register my/our name as the registered holder of the relevant Loan Notes for the investments specified above/attached, and to update the payment details for the returns from the investments in accordance with this form. I/we are responsible for any inaccuracies or omissions from the data herein or attached hereto.

I/we understand that you may need to complete additional due diligence processes around my/our appointment and may need to contact the underlying client(s), and I consent to such processes and contacts.

**Signature:**

**Print Name:**

**Date:**

*[For use when the appointment is of a new trustee for the first time]*

I/We the below undersigned confirm the above appointment, as beneficial owner of the Loan Notes.

**Print Name:**

**Date:**

☒ I am the undersigned

Rachel Hills

### Contacts

For administrative queries please email [dolphin@whitesfundsolutions.com](mailto:dolphin@whitesfundsolutions.com) or call 02030 112775.