

Church House Trust

BANK ACCOUNT APPLICATION FORM	
Name of Scheme	RATORS MARKSHINE LAS
PSTR No.	
Administrator (full name)	Address
Trustee (full name) (For copy bank statements to be sent)	Address
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.	
Pension Practitioner .Com IFA/Practioner/SSAS adviser (Name and address) Daws House, 33-35 Daws Lane, London, NW7 4SD	
We wish to open a Church House Trust Instant Access Account. Interest earned will be added to Provision Number:	
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 28-4.2011	
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