

Church House Trust

BANK ACCOUNT APPLICATION FORM	
Name of Scheme SSAS - Work Harr	plan Enterprises Pursion Designated Client A/C
PSTR No.	
Professional Trustee (full name)	Address
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Trustee (full name) (For copy bank statements to be sent)	Address 17 leudennis tark,
Senti Keran Harapton	. Brislington, Bristol BS4 4TC.
Trustee (full name)	Address
Trustee (full name)	Address
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Trustee (full name)	Address
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I/We authorize 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)
Access Account. Interest earned will be added to the account.	Number:
The account.	Bank Account Number: (60-95-31)
Contact telephone number (work) Mobile 07980 170787	
Contact telephone number (work) Mobile 07980 170787 E-Mail Rever hour plane hothail.com	
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 any of the one/ two of the following duly authorised officials (delete as appropriate).	
Signed on behalf of the Professional Trustee	Date
(if applicable)	Date 14/10/13.
Signed on behalf of the Trustee	Av Date 14110113.
Signed on behalf of the Trustee	Date
	Delta
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