POLICY NUMBER: 14414

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.

Section A: Client Details

Name	Ian
Any Middle Names (if relevant)	
Surname	Carter
Office/Home Address	Whitewell Grange Cottage Whitwell on the Hill York Y060 7JU
Phone number	07521 926944
E-mail Address	braxton0345@yahoo.co.uk

Section B: Former Trustee Details (where applicable)

Pension/Administrator Name	Rowanmoor Trustees Limited
Scheme Name	MASONS ARMS (YORK) LTD EXECUTIVE PENSION SCHEME
Trustee Name	Rowanmoor Trustees Limited
Date of cessation of trusteeship	2019-3-9

Section C: Incoming Trustee Details

Pension/Administrator Name	Cranfords Trustees Limited
Scheme Name	MASONS ARMS (YORK) LTD EXECUTIVE PENSION SCHEME
Trustee Name	Cranfords Trustees Limited

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

Total Investment	£	40000	
Amount (principal)			
(or attach schodulo of clion	t dat	tails)	

(or attach schedule of client details)

DOLPHIN TRUST GMBH Change/Appointment of Trustee Form

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 Manchester Business Centre Four Hardman Street, Spinningfields, Manchester, M3, 3PL
Bank Sort Code	23-83-96
Bank Account Number	04690077
Name/s on Bank Account	MASONS ARMS (YORK) LTD EXECUTIVE PENSION SCHEME
SWIFT	AIBKGB2L
IBAN number	GB87AIBK23839604690077

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:
DocuSigned by: D1A5232C1DAC4CE	Paul Davies	21/4/2020

[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.

Signature of beneficial owner:	Print Name:	Date:
DocuSigned by: lan Carter	Ian Carter	21/4/2020

Contacts

-4D366D8F510B4AC...

For administrative queries please email <u>dolphin@whitesfundservices.com</u> or call 02030 112775.