

## **Pension Confirmation Form**

To: **Bank of Scotland** [Name and address of business area]

<b>Type of Pension Scheme</b> (e.g. SIPP, SSAS, Occupational, FURBS)	SSAS	
<b>Full name and correspondence address of Scheme</b>	MCH HOLDINGS LIMITED DIRECTORS PENSION SCHEME	
<b>Is scheme registered with HMRC?</b>	Yes	If yes, please provide registration no:  TBA
<b>Does employer pay premiums/contributions?</b> (delete as appropriate)	Yes	If Yes, please complete sections A and B
<b>(A) Full Name and address of Employer</b>	MANOR WAY SOLUTIONS LIMITED	
<b>(B) Company Registration Number</b>	06579675	
<b>Full Name and address of Professional Scheme Trustee</b> (if applicable)	N/A	
<b>All Other Trustees *</b>		
<b>Full Name</b>	NICHOLAS PARRY	
<b>Home Address</b>	6 MANOR WAY CHORLEY LANCS. PR7 5FH	
<b>Date of Birth</b>	14/7/72	
<b>Nationality</b>	BRITISH	
<b>Country of Residence</b>	UK	
<b>Policy Holder / Scheme Member (not required if account is for Pension scheme itself)</b>		
<b>Full Name</b>		
<b>Home Address</b>		
<b>Date of Birth</b>		
<b>Nationality</b>		
<b>Country of Residence</b>		

\* Continue on additional sheets if necessary.

**Expected Account Activity:**  
e.g. no of transactions /  
total value / time account  
to be open.

2-3 EMPLOYER PENSION CONTRIBUTIONS PER YEAR.  
INCOME FROM INTEREST ON DEPOSIT AND INVESTMENTS.

**I certify that I have reviewed the Pension Trust Deed in respect of the above named Pension Scheme and:**

- The pension has been properly constituted.
- The details shown above are complete and accurate.
- The Trustees are empowered to open an account at Bank of Scotland.
- The Trustees are empowered to operate the account / to appoint representatives to operate the account.
- Third party payments are not permitted
- The Trust Deed will be available for inspection by the Bank, if required and that the copy will be retained for a period of 6 years after the account has closed
- The signatories on the attached account mandate have been authorised to act by the trustees of the scheme / the trustees representatives.
- We permit Bank of Scotland plc to make enquiries of HMRC to confirm this scheme is registered with them for tax relief and exemptions. We authorise HMRC to provide this information to Bank of Scotland plc upon request.

**Signature:**



**Printed Name:**

GAVIN MCCLOSKEY

**For and On Behalf Of:**

PENSION PRACTITIONER .COM.  
DAWS HOUSE  
33-35 DAWS LANE  
LONDON  
NW7 4SD

**Date:**

**Regulatory Body and Reg  
No (if applicable):**  
e.g Law Soc, ICAEW, FSA.

HMRC REG NO: 00005886

**Declaration For Payment Of Interest Gross – Please complete all sections in BLOCK CAPITALS**

For investments made by or on behalf of an Exempt Approved Retirement Benefits Scheme.

**It is an Inland Revenue requirement that this form is completed fully, and correctly. Please complete all boxes and initial all amendments.**

**1. Declaration – please complete ALL details**

Name of Pension Scheme	MCH HOLDINGS LIMITED DIRECTORS PENSION SCHEME
Correspondence Address	6 MANOR WAY
	CHORLEY
	LANCS
	PR7. 5FH

Account Number											
Sort Code											

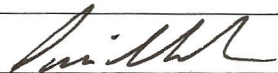
**Bank of Scotland**  
Citymark  
150 Fountainbridge  
Edinburgh EH3 9PE

**2. Declaration**

I hereby declare that the above named investor is an Exempt Approved Retirement Benefit Scheme within the meaning of Section 592 (1) of the Income and Corporation Taxes Act 1988, or a scheme which is before the Board of Inland Revenue in order for them to decide whether it qualifies as an exempt approved scheme.

**3. Declaration – please complete ALL details**

I hereby declare that the above named investor is eligible to receive interest gross as detailed above, and I undertake to notify the Bank, without delay, if the status should change.

<b>Signed</b>	 Date 28/8/09
Capacity in which signed (see note 1 below)	SCHEME ADMINISTRATOR
First name(s) and Surname of signatory above	GAVIN MCCUSKEY
Permanent address (see note 2 below)	Pension Practitioner .Com Limited 33-35 Daws Lane Mill Hill London NW7 4SD

**NOTES:**

1. This form should be signed by a Trustee or the Administrator, or by a person authorised to sign by the Trustees.
2. If the person signing the declaration is acting in a professional capacity he should put his firm's address. Otherwise the signatory's principal resident address should be shown, except in the case of a body corporate where the registered office should be shown. (Where the permanent address is the same as the correspondence address, it must be written in full here).