

Pension Scheme Application – Please complete all sections in BLOCK CAPITALS

Account Title
Name of Pension Scheme (Full) MICHAEL AND JANET HOLMES PENSION SCHEME

Correspondence Name M & J HOLMES PENSION SCHEME

Correspondence Address
(for cheques/bills and statements) COPIERWAY HOUSE

ASHLAND LARIE RD. RYDE

ISLE OF WIGHT Postcode PO334EX

Name and Address for
Duplicate Statements AS ABOVE

(if required)

Postcode

Contact Telephone number 01983 883868 or MOBILE 07979 694094

Statement Frequency
Requested (Please tick) ☒ Monthly ☐ Quarterly ☐ Half yearly ☐ Annually

1st Statement Date
e.g. DDMM/YYYY (97MAY0000) 03052008

Interest will normally be applied monthly. Should you wish your interest to be applied annually, please advise us.

Trustees Declaration

To: Bank of Scotland

1. We the undersigned, request and authorise you to open a Pension Fund Cheque Account in our joint names as Trustees of

MICHAEL AND JANET PENSION SCHEME (Insert Name of Pension Scheme, as above) (Hereafter referred to as "the Fund")

2. We authorise you, subject to the Terms and Conditions of the Pension Fund Cheque Account until you receive notice in writing to the contrary, to honour and comply with all instructions, cheques, drafts, orders to pay, orders to withdraw any or all monies, endorsements, instruments, bills of exchange and promissory notes expressed to be drawn, signed, accepted, endorsed or made by or on behalf of us provided any such instructions, cheques, drafts, orders, bill of exchange, promissory notes, instruments and/or endorsements are signed by: (please tick as appropriate)

☒ Any two Trustees one of which is the Professional Trustee ☐ Other (but always including the Professional Trustee)

If other, please detail clearly:

and the Professional Trustee:

3. We will be jointly and severally liable as Trustees for all liabilities created pursuant to this Mandate provided however that the liability hereunder of

shall not be personal but shall be limited to the extent of the assets of the Trust Fund, without prejudice to the full joint and several liability of the other Trustees. (Insert name of Professional Trustee)

4. We agree that in the event of the death of either or any one or both or all or as appropriate of us, you are to pay or deliver to or to the order of the survivors of us all money, securities, deeds, documents, and other property whatsoever standing in the name or held by you for the Pension Fund Cheque Account.

5. We agree that upon any individual ceasing to be a Trustee for whatever reason, due notice in writing will be given to the Bank signed by a quorum of Trustees for the time being.

6. We agree and confirm that the terms of the Trust Deed(s) enable the Administrators to delegate authority to operate the Pension Fund Cheque Account in accordance with the terms hereof and we will indemnify the Bank against any loss suffered as a result of any operation on the Pension Fund Cheque Account in accordance with this Mandate which is in breach of the terms of the Trust Deed(s).

7. We authorise and request you to provide the Trust Fund Auditors for the time being and from time to time with such information as the Trust Fund Auditors may request from time to time concerning

Data Protection Act

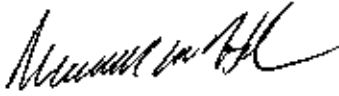
By signing this document we understand that:

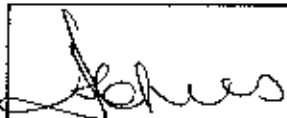
- Information we have provided in this application, and any other information relating to the Account, may be processed and disclosed in the ways described below.
- Our personal data may be shared with any company from time to time forming part of the same Group as Bank of Scotland along with the Introducer/Associated Companies/Insurers (if applicable).
- We may be kept informed of services and products which are regarded as appropriate. If we do not wish to be informed we can write to: Data Unit, Freepost NWW15306, City House, City Road, Chester CH68 3YZ.
- Our details will be checked with Fraud Prevention Agencies and if we give you false or inaccurate information and you suspect fraud, you will record this.
- Any sensitive information obtained will only be processed in order to provide the service requested.
- We are entitled to disclose information about any co-applicant(s) or guarantor(s)/ authorised signatories and/or anyone else referred to by us and they have been advised of this.

Further information about the uses to which your data will be put are available upon request.

We confirm that the signatures set out below are those of validly appointed Trustees under the Trust Deed(s) (and/or other authorised signatory if applicable). (All alterations to this form should be initialled by all the Trustees).

Signed: (all Trustees must sign)

	MICHAEL HOLMES LOPSEWAY HOUSE ASHLAKE LANE RD. LYDE 1W. PO334EY
Trustee	Name & Address

	JANET HOLMES REDWOOD ASHLAKE COUSE RD FISHBOURN PO534EY
Trustee	Name & Address

Trustee	Name & Address

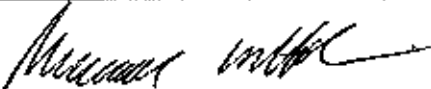
Trustee	Name & Address

Trustee	Name & Address

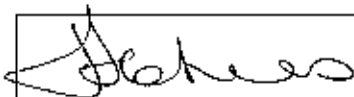
Trustee	Name & Address

Trustees – Authorised Signatories – Please complete all sections in BLOCK CAPITALS

First Signatory

Full Name	MICHAEL MARTIN HOLMES		
Signatory's Private Address	CORSEWAY HOUSE ASHLAKE LAKE RD.		
	RYDE ISLE OF WIGHT.		
			Postcode PO334EY
Signature of Account holder			Date 31 / 3 / 18

Second Signatory

Full Name	JANET HOLMES		
Signatory's Private Address	REDWOOD, ASHLAKE CORSE ROAD		
	FISHBOURNE ISLE OF WIGHT		
			Postcode PO334EY
Signature of Account holder			Date 31 / 03 / 18

Third Signatory

Full Name			
Signatory's Private Address			
			Postcode
Signature of Account holder			Date / /

Fourth Signatory

Full Name			
Signatory's Private Address			
			Postcode
Signature of Account holder			Date / /

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	MICHAEL AND JANET HOLMES PENSION SCHEME
Correspondence Address	LOPSEWAY HOME ASHLAKE LOPE RD. RYDE. ISLE OF WIGHT. PO33 4EY

Account Number									
Sort Code									

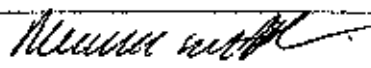
Bank of Scotland
Citymark
150 Fountainbridge
Edinburgh EH3 9PE

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.

Signed	 Date 31/11/08
Capacity in which signed (see note 1 below)	TRUSTEE
First name(s) and Surname of signatory above	MICHAEL MARTIN HOLMES
Permanent address (see note 2 below)	LOPSEWAY HOME ASHLAKE LOPE RD. RYDE IW PO33 4EY

NOTES:

- This form should be signed by a Trustee or the Administrator, or by a person authorised to sign by the Trustees.
- 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.