Attention	Investec Bank
Date	24 APRIL 2012
Fax	020 7597 4139

Out of the Ordinary

Investec Bank

Application form for SIPP/SSAS Accounts

Guidance note for completing this form

1. Complete all relevant sections fully.
2. If this form does not provide you with sufficient space to complete all details, please photocopy the relevant section of this form and complete for each additional person then attach all relevant pages to this form.
3. All trustees of the Pension Scheme must complete and sign this form.
4. If any trustee is an incorporated body such as a company, it must send us a separate mandate setting out the parties who are authorised to act on behalf of that trustee.

1. Scheme details

Scheme name	PCM
Contact address	LONGAR INDUSTRIES, UNIT 25, GLENMORE BUSINESS PARK, ANDOVER, SP10 3GZ
Contact name	CARLO ARRIGONI
Tel no	01264 387303
Date of formation of Scheme	24 04 2012
Scheme tax reference (if applicable)	

Beneficiary(ies) details (only list beneficiaries with an interest in at least 20% of the value of the Pension Scheme)

Beneficiary 1 Name	PETER ARRIGONI
Current residential address	MARCES', 3 CHURCH COURT, BRANKSOMEWOOD RD,
	FLEET, HANTS Postcode GU51 4JR.
Date of birth	28 02 1967
Beneficiary 2 Name	CARLO ARRIGONI
Current residential address	LADYBIRD LODGE', 14 CLEMONT COURT, CHAWTON,
	ALTON, HANTS Postcode GU34 1EE.
Date of birth	21 06 1972

' OTHER BENEFICIARY ' OVERLEAF.

2. Introducer/IFA/Agent/Broker details

Name of company	Pension Practitioner .Com
Name of contact person	Brad Davis
Address	Daws House, 33-35 Daws Lane,
	London Postcode NW7 4SD
Contact number	0800 634 4862
Email address	bradd@pensionpractitioner.com

Attention Investec Bank

Date

Fax 020 7597 4139

Out of the Ordinary™

Investec Bank

Application form for SIPP/SSAS Accounts

Guidance note for completing this form

1. Complete all relevant sections fully.
2. If this form does not provide you with sufficient space to complete all details, please photocopy the relevant section of this form and complete for each additional person then attach all relevant pages to this form.
3. All trustees of the Pension Scheme must complete and sign this form.
4. If any trustee is an incorporated body such as a company, it must send us a separate mandate setting out the parties who are authorised to act on behalf of that trustee.

1. Scheme details

Scheme name

Contact address

Contact name Tel no

Date of formation of Scheme Scheme tax reference (if applicable)

Beneficiary(ies) details (only list beneficiaries with an interest in at least 20% of the value of the Pension Scheme)

Beneficiary 1 Name MARCC ARRICONI

Current residential address ORCHARD COTTAGE, 6 ARTHUR ROAD,

FARNHAM, SURREY Postcode GU9 8RB

Date of birth 06 04 1977

Beneficiary 2 Name

Current residential address

Postcode

Date of birth

2. Introducer/IFA/Agent/Broker details

Name of company Pension Practitioner .Com

Name of contact person Brad Davis

Address Daws House, 33-35 Daws Lane,

London Postcode NW7 4SD

Contact number 0800 634 4862 Email address bradd@pensionpractitioner.com

3. Account information

Please select (by ticking below) the Account(s) that you wish to apply for and complete the required information for the Account(s).

☑ **Pension and Trust Reserve** Interest paid ☑ Monthly ☐ Annually

Amount to invest (minimum deposit £25,000) £

☑ **Pension and Trust Cheque** (interest paid monthly)

Amount to invest £

☐ **Fixed Term Deposit** (minimum investment £50,000 or the equivalent in US dollars or Euro)

Currency ☐ Sterling ☐ US dollars ☐ Euro Amount to invest £/€/$

Term of deposit ☐ 6 Months ☐ 1 Year ☐ 2 Years ☐ Other (specify)

☐ **Investec Income Account** (interest paid monthly) Amount to invest (minimum deposit £25,000) £

Investec Income Account Regular quarterly withdrawal instruction: In order to give the Bank a Regular Withdrawal Instruction, please complete the information below. Please see the Special Terms and Conditions of the Investec Income Account for more information about regular withdrawals.

Amount of regular withdrawal £

Date of first withdrawal D D M M Y Y Y Y (must be at least three months in the future) and quarterly thereafter

Bank account details for quarterly withdrawals (this account must be in your name and held by you for the benefit of the same beneficiary(ies) named above).

Name of bank/building society

Account number Sort code

☐ **Other account** Interest paid ☐ Monthly ☐ Annually

Currency ☐ Sterling ☐ US dollars ☐ Euro Amount to invest £/€/$

Method of deposit

☐ Cheque payable to the Scheme Account

☐ Electronic transfer

Interest paid away

Accounts in Sterling: Unless stated otherwise in the Account Specific Terms, you can elect at any time to have interest on the Account paid to another account held by you, for the benefit of the same beneficiary(ies) named above, with Investec Bank plc (the "Bank") or another UK bank/ building society. In the case of a Notice, Fixed Term Deposit or Structured Deposit Account, interest can only be paid to an account in your name. If you would like the interest to be paid away to another account, please complete the following section.

Name of bank/building society

Account number Sort code

4. Declarations by the Trustee(s)

4.1 We apply for the Account(s) specified in Section 3 (each account being an "Account" as defined in the Investec Bank plc General Terms and Conditions) to be opened in our name(s) as trustee(s) of the Scheme named in Section 1.

4.2 The Account(s) will be held by us for the benefit of the beneficiary(ies) named in Section 1 and we confirm that all sums deposited on the Account(s) will be held by us for the benefit of the beneficiary(ies).

4.3 We acknowledge receipt of and confirm that we accept the terms of the Agreement, as defined in the Investec Bank plc General Terms and Conditions.

4.4 We declare that all of the information provided in this form and the supporting documents we have given to the Bank is true and complete and confirm our understanding that the Bank, in making its decision to open the Account(s), will be relying on such information.

4.5. We understand that the Bank will only be bound by the Agreement in relation to the Account(s), once we have completed, signed and returned this application form with all supporting documentation and the Bank has completed its final checks and has agreed to open the Account(s) for us.

4.6. We understand that the personal information provided on this application form and other information relating to the Account(s) may only be used in accordance with the purposes and disclosures under the current data protection legislation. By signing this application form, we confirm that we have read and understood the data protection policy as disclosed in the Investec Bank plc General Terms and Conditions and we consent to the activities described therein.

4.7. We agree that the Bank may in its discretion perform independent checks to verify our identity and/or address and/or to validate certified documents that we have provided to the Bank. We further agree that these recognised independent checks may include documented checks of electronic phone directory, electoral register and/or credit bureau records and/or confirmation from a solicitor or accountant. We also confirm that the beneficiary(ies), settlor(s) and protector(s) of the Scheme have agreed that the Bank may in its discretion perform such checks in relation to them.

4.8. We declare that:

4.8.1 the Scheme to which this form relates is registered by HM Revenue & Customs or has been submitted to HM Revenue & Customs for registration under the *Finance Act 2004*; and

4.8.2 we or our successors shall notify the Bank in at any time the Scheme (or arrangements under the Scheme in respect of which benefits are to be secured under the Scheme) cease(s) to be registered under the Finance Act 2004.

We authorise HM Revenue & Customs to tell the Bank if the Scheme is not registered or if that registration is withdrawn.

4.9 We authorise the Bank to disclose information about us and our Account(s) to any IFA/agent/broker/introducer who has introduced us to the Bank for the Account(s) and/or whose details we provide to the Bank from time to time. This includes any IFA/agent/broker/introducer named in Section 2 of this form.

4.10 We acknowledge that the Bank may pay commission to any IFA/agent/broker/introducer who has introduced us to the Bank for the Account(s) and that further information is available on request from the IFA/agent/broker/introducer.

4.11 **Rules for written instructions**

We instruct the Bank to act on instructions of (please insert number of trustees and preferred signing instructions):

SIGNED BY ALL THREE TRUSTEES, PETER, CARLO, MARCO

If left blank, the Bank will be entitled to rely on the signed instructions of any two trustees. We confirm that the Scheme Rules/Trust Deed permits us to delegate authority to operate the Account(s) in the manner set out above.

4.12 We certify that we are entitled, under the terms of the Scheme Rules/Trust Deed, to apply for the Account(s), accept the terms of the Agreement and to operate the Account(s) in accordance with the Agreement.

All Trustees must complete the information below and sign and date this form

Trustee 1

Full name: CARLO ARRIGONI

Signature:

Date: 24-4-12

Trustee 2

Full name: MARCO ARRIGONI

Signature:

Date: 24-4-12.

Trustee 3

Full name: PETER ARRIGONI

Signature:

Date: 24-4-12

Trustee 4

Full name:

Signature:

Date:

Two Authorised Signatories of the Professional/Corporate Trustee must sign below, for and on behalf of the Professional/ Corporate Trustee

Authorised Signatory 1

Full name: N/A

Signature:

Date:

Authorised Signatory 2

Full name: N/A

Signature:

Date:

5. Declarations by the Introducer/Administrator/Trustee

5.1 We confirm that we are aware that the trustee(s) of the Scheme named in Section 1 above are applying for the Account(s) specified above and we confirm that we have carried out anti-money laundering checks in relation to the trustee(s), settlor(s), beneficiary(ies) and protector(s) of the Scheme.

5.2 We will provide to the Bank, on demand, certified copies of all evidence of our anti-money laundering checks in relation to the trustee(s), settlor(s), beneficiary(ies) and protector(s).

5.3 We confirm that the signatures above are those of all the validly appointed trustee(s).

5.4 These declarations by us shall be governed and construed in accordance with the laws of England and Wales.

Signed for and on behalf of (insert Introducer/Administrator/Trustee name and FSA number)

Name: Pension Practitioner .Com

FSA number: N/A

To be signed by the Introducer/Administrator/Trustee in accordance with their signing conditions confirmed to the Bank

Authorised Signatory 1

Full name: BRAD DAVIS

Signature: B.M. Davis

Date: 24 APRIL 2012

Authorised Signatory 2

Full name: MIRI AZIZI

Signature: MAzizi

Date: 24 APRIL 2012