

Attention Investec Private Bank

Fax number 020 7597 4139

Faxed from

Contact person BRAD DAVIS

Fax 020 8711-2522

Phone 0300 634-4862

Investec

Private Bank

Account Application Form for SIPP's and SSASs

Account Holder (Trustee) name ANDREW PURDIE

Account Holder (Trustee) address DAIRY COTTAGE, PARK ROAD,

Client name/Account reference ADDINGTON, WEST MALLING,

Client address KENT, ME19 5BO

Date of birth 28-05-1984

Amount deposited £ 650,000

Scheme reference details

Scheme name PORTZULLIS EXECUTIVE PENSION PLAN

Scheme date 24/9/2010

Inland Revenue Scheme Reference No

Audit and Pension Scheme Services n/a

Method of deposit

~~Cheque payable to the Client's name~~

~~Telegraphic transfer/Chaps (please call the Bank for further information)~~

~~Please debit account number~~

Details of Independent Financial Adviser

PHIL GOOCH

NEWPORT, OLD WATLING ST,
GRAVESEND, KENT, DA11 7NT

16-09-1968

Account type CURRENT / TRUSTEE RESERVE

IR Tax Office n/a

OPRA Pensions Registry n/a

Declaration

- I/We hereby confirm that I/we have read and accept the terms of the Charges Sheet, the General Terms and Conditions together with any applicable Special Terms and Conditions (together referred to as the "Terms").
- I/We confirm that the Account Holder is introducing the Client to The Bank and is applying to open an Account with The Bank.
- I/We confirm that the Client has read and understood the Terms and has consented to the opening of an Account.
- I/We confirm that the Account will be opened and operated as a designated account in the name of the Account Holder.
- I/We declare that the information provided with the account opening documentation and supporting documentation held by the Bank, together with this application form and supporting documents (together the "Application Pack") are true and complete and we confirm my/our understanding that the Bank in making its decision to open any Account will be relying on the accuracy and completeness of such information without the Bank having any obligation to independently verify the same. I/We further confirm that I/we will immediately notify the Bank in writing with any change to what I/we have provided the Bank in the Application Pack and will update such information in the Application Pack as appropriate.
- I/We confirm that there is and will be, for the duration of the Account, sufficient information on file with the Account Holder to establish the Client's name and residential address, or where the Account is opened by trustees, that the settlor is a Client known to the Account Holder and whose identity has been confirmed by the Account Holder.
- I/We confirm that in the event of an enquiry from Inland Revenue, any law enforcement agency or regulator in the UK, copies of the relevant Client records referred to in 6 above shall be made lawfully available to the Bank forthwith to satisfy the request.
- I/We confirm that the sum(s) as shown above are being deposited with the Bank by me/us in the capacity of either trustee or nominee of the Client.

The Bank will only be bound by the Terms for this Account when the Authorised Signatories as set out below, has/have signed and returned this application form and the Bank has completed its final processes.

Authorised Signatories

Name ANDREW PURDIE

Capacity TRUSTEE

Signature

Date 19/10/10

Name

Capacity

Signature

Date

PHIL GOOCH
TRUSTEE
19/10/10

For further information please call us on 020 7597 4012.

Investec Private Bank, a division of Investec Bank plc (Reg. no 489604), authorised and regulated by the Financial Services Authority and a member of the London Stock Exchange. Registered at 2 Gresham Street, London EC2V 7QR.

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BRAD DAVIS
020 8711-2522

Phone 0800 634-4862

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Account Application Form for SIPP's and SSAS's

Account Holder (Trustee) name **DAMON ASHTON**

Account Holder (Trustee) address **21 HOWES CLOSE, BAARS COURT, BRISTOL BS30 8SA**

Client name/Account reference

Client address

Date of birth **04-04-1968**

Amount deposited **c. £350,000**

Account type **CURRENT & TRUSTEE RESERVE**

Scheme reference details

Scheme name **PORTCULLIS EXECUTIVE PENSION PLAN**

Scheme date **24/9/2010**

Inland Revenue Scheme Reference No **00761658RK**

IR Tax Office **n/a**

Audit and Pension Scheme Services **n/a**

OPRA Pensions Registry **n/a**

Method of deposit

☒ Cheque payable to the Client's name

☐ Telegraphic transfer/Chaps (please call the Bank for further information)

☐ Please debit account number

Details of Independent Financial Adviser

Declaration

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The Bank will only be bound by the Terms for this Account when the Authorised Signatories as set out below, has/have signed and returned this application form and the Bank has completed its final processes.

Authorised Signatories

Name **DAMON ASHTON**

Name

Capacity **TRUSTEE**

Capacity

Signature

Signature

Date

Date

For further information please call us on 020 7597 4012.

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