

Georgina Stuliglowa  
Pension Practitioner .Com  
Daws House  
33-35 Daws Lane  
London  
NW7 4SD

07 December 2015

Dear Georgina

**Qualimach SSAS Takeover**

Further to the above and my email today, please find enclosed the original documents as promised.

Please let me know if you have any queries.

Kind regards

A handwritten signature in black ink, appearing to read "Tracey Best".

Tracey Best  
Administrator

## Pension Scheme Account Opening Request

To: The Manager, Partnerships Dept, Metro Bank PLC, One Southampton Row, London, WC1B 5HA

### 1. PENSION SCHEME DETAILS

Type and Name of Pension Scheme (e.g. SIPP, SSAS, Occupational)

Type: SSAS      Name: Qualimach Limited Self-Administered Scheme

Full Name and Correspondence address of Scheme

Qualimach Limited Self-Administered Scheme

Pension Practitioner.Com, Daws House, 33-35 Daws Lane, London, NW7 4SD

Is Scheme registered with HMRC?

☒ Yes ☐ No

If yes, please provide registration number below

00149428RC

Does employer pay premiums/ contributions?

☐ Yes ☐ No

If yes please complete sections A and B

A: Full Name and Address of Employer

Full Name and Address of Professional Scheme Trustee (if applicable)

N/A

B: Company Registration Number

### 2. TRUSTEES DETAILS

#### First Trustee

Title (Mr, Mrs, Miss) Mr

Surname Senior

First Name Keith

Middle Name(s) Arthur

Nationality British

Gender Male

Date of Birth 09-Jan-1950

Home Telephone Number 0114 249 5400

Work Telephone Number

Mobile Number 07860 567527

Email Address keith@qualimach.co.uk

Address Stonelea, 6B Stone Road, Coal Aston, Sheffield

Postcode S18 3AH

#### Second Trustee

Title (Mr, Mrs, Miss)

Surname

First Name

Middle Name(s)

Nationality

Gender

Date of Birth

Home Telephone Number

Work Telephone Number

Mobile Number

Email Address

Address

Postcode

## Pension Scheme Account Opening Request *(continued)*

### 2. TRUSTEES DETAILS *(continued)*

#### Third Trustee

Title (Mr, Mrs, Miss)	<input type="text"/>
Surname	<input type="text"/>
First Name	<input type="text"/>
Middle Name(s)	<input type="text"/>
Nationality	<input type="text"/>
Gender	<input type="text"/>
Date of Birth	<input type="text"/>
Home Telephone Number	<input type="text"/>
Work Telephone Number	<input type="text"/>
Mobile Number	<input type="text"/>
Email Address	<input type="text"/>
Address	<input type="text"/>
Postcode	<input type="text"/>

#### Fourth Trustee

Title (Mr, Mrs, Miss)	<input type="text"/>
Surname	<input type="text"/>
First Name	<input type="text"/>
Middle Name(s)	<input type="text"/>
Nationality	<input type="text"/>
Gender	<input type="text"/>
Date of Birth	<input type="text"/>
Home Telephone Number	<input type="text"/>
Work Telephone Number	<input type="text"/>
Mobile Number	<input type="text"/>
Email Address	<input type="text"/>
Address	<input type="text"/>
Postcode	<input type="text"/>

### 3. SCHEME MEMBER DETAILS

#### First Scheme Member

Title (Mr, Mrs, Miss)	Mr <input type="text"/>
Surname	Senior
First Name	Keith
Middle Name(s)	Arthur
Nationality	British
Gender	Male
Date of Birth	09-Jan-1950
Home Telephone Number	0114 249 5400
Work Telephone Number	<input type="text"/>
Mobile Number	07860 567527
Email Address	keith@qualimach.co.uk
Address	Stonelea, 6B Stone Road, Coal Aston, Sheffield
Postcode	S18 3AH

#### Second Scheme Member

Title (Mr, Mrs, Miss)	<input type="text"/>
Surname	<input type="text"/>
First Name	<input type="text"/>
Middle Name(s)	<input type="text"/>
Nationality	<input type="text"/>
Gender	<input type="text"/>
Date of Birth	<input type="text"/>
Home Telephone Number	<input type="text"/>
Work Telephone Number	<input type="text"/>
Mobile Number	<input type="text"/>
Email Address	<input type="text"/>
Address	<input type="text"/>
Postcode	<input type="text"/>

## Pension Scheme Account Opening Request

(continued)

### 3. SCHEME MEMBER DETAILS (continued)

#### Third Scheme Member

Title (Mr, Mrs, Miss)

Surname

First Name

Middle Name(s)

Nationality

Gender

Date of Birth

Home Telephone Number

Work Telephone Number

Mobile Number

Email Address

Address

Postcode

#### Fourth Scheme Member

Title (Mr, Mrs, Miss)

Surname

First Name

Middle Name(s)

Nationality

Gender

Date of Birth

Home Telephone Number

Work Telephone Number

Mobile Number

Email Address

Address

Postcode

### 4. CHOOSE YOUR ACCOUNT(S)

- We would like to open:
- ☐ An Instant Access Savings Account ☐ A Fixed Term Savings Account (please complete Section 5)
- ☒ A Community Account
- ☐ Is a cheque book required ☐ Is a paying in book required

### 5. YOUR FIXED TERM DEPOSIT DETAILS

Amount to be deposited

Term (months)

Funds to be deposited by:

☐ Cheque made payable to Metro Bank

☐ Electronic transfer from another bank

Interest must be credited to an alternative Metro Bank account, please select one of the following options:

☐ Credit interest to the Instant Access Savings Account/Community Account applied for as indicated above

☐ Credit interest to an existing Metro Bank Account number



## Pension Scheme Account Opening Request (continued)

### 6. MANDATE

In this section you can tell us how many Authorised Signatories you wish to appoint to assist you in the use and operation of your account. If you would like to appoint more than one Authorised Signatory, this section also lets you tell us if they can transact on your account(s) independently or if joint/multiple authorisation is required.

Please complete the following as appropriate

Completion of this Mandate authorises Metro Bank to accept all instructions given, or acts performed, in accordance with the "Our Service Relationship with Business Customers" brochure (Terms and Conditions) and/or this Mandate on behalf of the Trustees of the Pension Scheme:

- |  |  |
|--|--|
| <input type="checkbox"/> Any ONE of the Authorised Signatories | <input type="checkbox"/> Any TWO of the Authorised Signatories   |
| <input type="checkbox"/> ALL of the Authorised Signatories     | <input checked="" type="checkbox"/> Authorised Signatories in accordance with the specific instructions set out below: |

Any ONE Trustee and ONE Pension Practitioner.Com signatory as per the Pension Practitioner.Com signatory list.

I/We hereby authorise Metro Bank PLC (The Bank) to deduct from my/our pension scheme bank account such management charges/fees and adviser charges/fees as may be notified from time to time to the bank under the sole instruction of two authorised signatories of Pension Practitioner.Com.

\*We may only accept payment instructions via the telephone banking service, fax or email from the Authorised Signatories as detailed above.

### 7. DECLARATION AND SIGNATURE(S)

#### Credit Reference Agencies

When you apply for a Metro Bank Community Account, Metro Bank will undertake credit checks in order to assess your eligibility for this community account and will carry out checks to verify your identity and to prevent and detect crime and money laundering for both Community and Savings Accounts. Metro Bank will search records held by credit reference agencies ('CRAs') when considering your application.

#### Fraud Prevention Agencies

If you give false or inaccurate information and fraud is identified or suspected, details may be passed to fraud prevention agencies and/or CRAs to prevent fraud and money laundering. Law enforcement agencies may access and use this information.

#### Giving Your Consent

We would like to contact you to tell you about our other products and services that we think you might be interested in. If you would prefer not to be contacted by any of the following means, please let us know by ticking the relevant box(es) below. Please tick all of the boxes if you do not want us to contact you about other products and services.

#### First Trustee

☒ Post ☒ Phone ☒ Text ☒ Email

#### Second Trustee

☒ Post ☒ Phone ☒ Text ☒ Email

#### Third Trustee

☒ Post ☒ Phone ☒ Text ☒ Email

#### Fourth Trustee

☒ Post ☒ Phone ☒ Text ☒ Email

You authorise Metro Bank to disclose details of your account(s) to your introducer as named on the application form, or their successors in title.

#### Use of Your Information

More information is available about how Metro Bank will use your information. You can find this at the beginning of the document "Our Service Relationship with Business Customers" included in your Welcome Pack. More detailed information is also available in our "Guide to the Use of Your Information" which can be provided on request. By signing this form you agree to Metro Bank using your information as set out above and in the ways described in those leaflets. You can contact us in writing at Metro Bank PLC, One Southampton Row, London, WC1B 5HA or enquiries@metrobank.plc.uk at any time if you would like us to stop using your data in a manner to which you have previously consented.

#### Declaration

Metro Bank's decision to offer you this community/savings account is based on the information set out in this application. By applying for this community/savings account, you declare that the information set out in this application is, to the best of your knowledge and belief, correct and not misleading. If it alters you must tell Metro Bank promptly in writing.

Your community/savings account will be subject to the terms and conditions outlined in the documents "Our Service Relationship with Business Customers" and the "Important Information Summary" for this product. If you are applying for a joint account, you acknowledge that each of you is separately responsible for complying with the document "Our Service Relationship with Business Customers" and the "Important Information Summary". If any one of you does not comply, Metro Bank can take action against any or all of you alone or together.

Before signing this form you should carefully read the document "Our Service Relationship with Business Customers" and the "Important Information Summary" for this product. If there is any term that you do not understand, please discuss it with a Metro Bank Customer Service Representative before signing.

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 Metro Bank PLC
- The Trustees are empowered to operate the account/to appoint representatives to operate the account
- To facilitate operations on the account the Trustees are empowered to utilise any electronic banking service available from Metro Bank PLC
- Third party payments are/are not permitted (delete as appropriate)
- The Trust Deed will be available for inspections by the Bank, if required and that the copy will be retained for a period of 6 (six) 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 Metro Bank PLC to make enquiries to HMRC to confirm this scheme is registered with them for tax relief and exemptions. We authorise HMRC to provide this information to Metro Bank PLC upon request.

## Pension Scheme Account Opening Request

(continued)

### 7. DECLARATION AND SIGNATURE(S) (continued)

We confirm that the Account is to be subject to the Metro Bank Business Account Information Summary and the Terms and Conditions as set out in "Our Service Relationship with Business Customers" Part 4 Section 40.

#### First Trustee Signature



Date 3/12/15

#### Second Trustee Signature



Date

#### Third Trustee Signature



Date

#### Fourth Trustee Signature



Date

#### Scheme Administrator Details

Name Pension Practitioner .Com Limited

Address Daws House, 33-35 Daws Lane  
London, NW7 4SD

Signature



Date

### 8. ACCOUNT INTRODUCER DETAILS

Name of Company Pension Practitioner .Com Limited

Address Daws House  
33-35 Daws Lane  
London

Post code NW7 4SD

Telephone Number 08006344862

Contact Name Brad Davis / Georgina Stuliglowa

Email info@pensionpractitioner.com

Dated \_\_\_\_\_

**Qualimach Limited Self-Administered Scheme (the "Scheme"): Appointment of Administrator and Practitioner**

**Parties**

1. **Keith Arthur Senior** ("the Trustees") of Stonelea, 6B Stone Road, Coal Aston, Sheffield, S18 3AH
2. **Pension Practitioner .Com Limited** ("the Pension Practitioner") of Daws House, 33-35 Daws Lane, London, NW7 4SD
3. **Qualimach Limited** ("the Administrator") of 13 - 17 Paradise Square, Sheffield, South Yorkshire, S1 2DE

**Introduction**

(A) The General Trustees are the present trustees of the Scheme (the "Trustees").

(B) All of the General Trustees are resident in the United Kingdom.

**Operative Provisions**


- 1 In accordance with section 611AA of the Income & Corporation Taxes Act 1988 the Trustees appoint the Administrator to be the administrator of the scheme for the purposes of (and to be responsible for the discharge of all duties relating to the Scheme which are imposed on the administrator under) Chapter I of Part XIV of that Act.
- 2 The Administrator accepts such appointment for the purposes of Part 4 of the Finance Act 2004.
- 3 The General Trustees, and the Administrator (in acting in their capacities), appoint the Pension Practitioner as their agent and to act as practitioner on their behalf, in connection with any matters within the responsibility of HMRC and to view information held on the HMRC Pension Scheme Service in relation to the Scheme, and to do any other thing whatsoever in connection with or incidental to:
  - 3.1 (in respect of any period up to and including 5<sup>th</sup> April 2006) the discharge of all duties relating to the Scheme which are imposed on them as administrator and/or maintenance of the approval of the Scheme under Chapter I of Part XIV of the Income & Corporation Taxes Act 1988;
  - 3.2 (in respect of any period from and including 6<sup>th</sup> April 2006) the discharge of all duties relating to the Scheme which are imposed on the scheme administrator and/or the maintenance of the registered status of the Scheme under Part 4 of the Finance Act 2004.
- 4 The provisions of this appointment have effect on and from its date.


SIGNED as a deed, and delivered when dated,  
by **Pension Practitioner .Com Limited**  
acting by

Authorised Signatory :  
Name :

Authorised Signatory :  
Name :


SIGNED as a deed, and delivered when dated,  
by **Qualimach Limited**  
acting by


Director      Signature:   
Name :      KEITH A SENIOR

Witness      Signature:   
Name :      TRACY BEST  
Address :      RIVERDALE, 81 GRAMM RD, SHERBRO, SIO 36P

SIGNED as a deed, and delivered when dated,  
by ..... (signature)

**Keith Arthur Senior** in the presence of:

Witness      Signature:   
Name :  
Address :

  
TRACY BEST  
RIVERDALE, 81 GRAMM RD, SHERBRO, SIO 36P.



**Deed of Removal of Trustee**

**Qualimach Limited Self-Administered Scheme**

**Date of Deed:**

1. Qualimach Limited (Company Number 01516994) whose registered office is at 13 - 17 Paradise Square, Sheffield, South Yorkshire, S1 2DE (in this Deed called the Principal Employer)
2. Keith Arthur Senior of Stonelea, 6B Stone Road, Coal Aston, Sheffield, S18 3AH (in this Deed called the Continuing Trustees)
3. Hornbuckle Mitchell Trustees Limited (Company No: 02741578) whose registered office is situated at Cotton Court, Middlewich Road, Holmes Chapel, Crewe, CW4 7ET (in this Deed called the Outgoing Trustee)

**Recitals**

- (A) Qualimach Limited Self-Administered Scheme (in this Deed called the 'Scheme') is a pension scheme which is now governed by an Interim Trust Deed dated 15 January 1987, a Trust Deed dated 25 July 1994, a supplemental Deed dated 07 July 2000, a Definitive Deed dated 10 December 2001, a supplemental Definitive Deed dated 10 December 2005, a Trust Deed adopting replacement provisions dated 22 March 2011 and a Deed of Removal dated 02 July 2013 (in this Deed called the 'Existing Provisions')
- (B) The Continuing Trustees and the Outgoing Trustee are the present Trustees of the Scheme.
- (C) The Continuing Trustees wish to remove the Outgoing Trustee as a Trustee and Independent Trustee of the Scheme under clause 4.1 which vests the power of appointment and removal in the Trustees and is exercisable by Deed.
- (D) In this Deed (including the recitals) "Effective Date" means the date of this Deed.

**Operative provisions**

1. The Continuing Trustees in exercise of the power conferred on them by Rule 4.1. of the Existing Provisions and all other powers then enabling hereby remove the Outgoing Trustee as a Trustee and Independent Trustee of the Scheme.
2. The Outgoing Trustee consents to their removal as is evidenced by the execution of this deed.
3. The Continuing Trustees agree to take all reasonable steps to remove from the Trusts of the Scheme and any of the assets of the Scheme held in the name of the Outgoing Trustee (jointly or alone), including the removal of the name of the Outgoing Trustee from any relevant registration at HM Land Registry.
4. In removing the Outgoing Trustee, the Outgoing Trustee is hereby discharged from all duties and liabilities as Trustee, Independent Trustee and Administrator with effect from the Effective Date.

IN WITNESS OF WHICH this document is executed as a Deed and is delivered on the date stated above.

SIGNED as a deed, and delivered when dated,  
by Qualimach Limited  
acting by

Director

Signature:

Name: KEITH A SENIOR



Witness

Signature:

Name: TRACEY BEST

Address: RINGDALE, 81 GRAMM ROAD, SHEFFIELD, S10 3GP



SIGNED as a deed, and delivered when dated, by  
Keith Arthur Senior in the presence of:

..... (signature)

Witness

Signature :

Name : TRACEY BEST

Address : RINGDALE, 81 GRAMM ROAD  
SHEFFIELD, S10 3GP



SIGNED as a deed, and delivered when dated,  
by Hornbuckle Mitchell Trustees Limited  
acting by

Authorised Signatory

Signature:

Name:

Authorised Signatory

Signature:

Name:

### Nomination of beneficiary form

Scheme Name: **Qualimach Limited Self-Administered Scheme** (hereinafter referred to as the scheme)

**Personal details:**

Full name including title: Mr. Keith Arthur Senior

Date of birth: 09-Jan-1950

In the event of my death, I, the member of the scheme in trust, request that the funds should be paid to (please refer to the notes below):

Name: Kathleen Senior (spouse) Address: 6B Stone Rd  Proportion % 70%	Name: Matthew Senior son Address:  Proportion % 10%
Name: Kate Lawson (daughter) Address:  Proportion % 10%	Name: Adam Senior son Address:  Proportion % 10%

**Declaration**

I confirm that:

- i) this supersedes all previous beneficiary nominations; and
- ii) I may revoke this request at any time by submitting a new form to the scheme Administrator

Signature of member:



Date:

3<sup>rd</sup> Dec 15.

**Notes:**

The member's estate cannot be nominated.

If the member does not complete a nomination form the death benefit would be payable to (or may be applied for the benefit of) such one or more of the member's dependants or named class as the nominated trustee decides, acting in accordance with the governing Trust Deed and Rules.

Dated:

**Trust Deed**

adopting replacement provisions governing the  
**Qualimach Limited Self-Administered Scheme**



## **Parties**

1. Qualimach Limited (Company Number 01516994) whose registered office is at 13 - 17 Paradise Square, Sheffield, South Yorkshire, S1 2DE (in this deed called the "Principal Employer")
2. Keith Arthur Senior of Stonelea, 6B Stone Road, Coal Aston, Sheffield, S18 3AH (in this Deed called the "Trustee")

## **Recitals**

- 1) Qualimach Limited Self-Administered Scheme (in this deed called the 'Scheme') is a pension scheme which is currently governed by an Interim Trust Deed dated 15 January 1987, a Trust Deed dated 25 July 1994, a supplemental Deed dated 07 July 2000, a Definitive Deed dated 10 December 2001, a supplemental Definitive Deed dated 10 December 2005, a Trust Deed adopting replacement provisions dated 22 March 2011, a Deed of Removal dated 02 July 2013 and a Deed of Removal dated.....2015 (in this deed called the 'Existing Provisions').
- 2) It is intended to replace the Existing Provisions in their entirety.
- 3) Pursuant to the clause 3.1 of the Existing Provisions the power to modify, delete or add to all or any of the provisions of the Rules can be exercised by the Trustees.

## **Operative provisions**

1. Pursuant to clause 3.1 of the Existing Provisions, those Existing Provisions shall cease to have effect and the Scheme shall be governed by the attached Rules:

## **PROVIDED THAT:**

1.1 the power in Rule 3.1 (Power of Amendment) may be exercised by the Principal Employer with the consent of the Trustees.

1.2 the power in Rule 4.1 (Power of Appointment and Removal of Trustees) may be exercised by the Principal Employer with the consent of the Trustees.

2. The provisions of this deed shall have effect on and from its date.

**IN WITNESS OF WHICH** this document is executed as a deed and is delivered on the date stated above.

SIGNED as a deed, and delivered when dated,  
by Qualimach Limited  
acting by

Director

Signature:



Name : KEITH A SENIOR

Witness

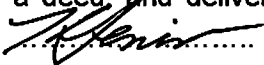
Signature:



Name : TRACY BEST

Address : RIVERDALE, 81 GRAMM RD, SUGGFIELD, S10 3GP

SIGNED as a deed, and delivered when dated,  
by



(Signature)

Keith Arthur Senior in the presence of:

Witness

Signature:



Name : TRACY BEST

Address : RIVERDALE, 81 GRAMM RD, SUGGFIELD, S10 3GP

Trustees of Qualimach Limited Self-Administered Scheme  
2a Old Town Hall  
High Street  
Dronfield  
S18 1PY

MetLife  
Beacon House  
27 Clarendon Road  
Belfast  
BT1 3PR

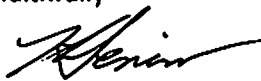
18 November 2015

Dear Sirs,

Policy holder: Qualimach SSAS – Keith Senior  
Policy number: L9057136I

I authorise Pension Practitioner .Com Limited of Daws House, 33-35 Daws Lane, London, NW7 4SD to be provided with information relating to the above policy as may be reasonably requested from time to time.

Yours faithfully

A handwritten signature in black ink, appearing to read 'K. Senior', written in a cursive style.

Keith Arthur Senior  
TRUSTEE

Trustees of Qualimach Limited Self-Administered Scheme  
2a Old Town Hall  
High Street  
Dronfield  
S18 1PY

Hornbuckle Mitchell Trustees Limited  
Hornbuckle  
Tyman House  
42 Regent Road  
Leicester  
LE1 6YJ

18 November 2015

Dear Sirs,


Re: Qualimach Limited Self-Administered Scheme

Please accept this letter as notice that we have appointed Pension Practitioner .Com Limited to provide administration services to the trustees.

Would you please provide them with such assistance as is necessary to effect the smooth transition of the scheme.

Thank you for your assistance.

Yours faithfully

A handwritten signature in black ink, appearing to read 'K. Senior', written in a cursive style.

Keith Arthur Senior  
TRUSTEE

Trustees of Qualimach Limited Self-Administered Scheme  
2a Old Town Hall  
High Street  
Dronfield  
S18 1PY

MetLife  
Beacon House  
27 Clarendon Road  
Belfast  
BT1 3PR

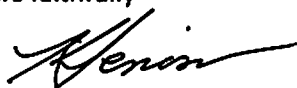
18 November 2015

Dear Sirs,

Policy holder: Qualimach SSAS – Keith Senior  
Policy number: L90571361

I authorise Pension Practitioner .Com Limited of Daws House, 33-35 Daws Lane, London, NW7 4SD to be provided with information relating to the above policy as may be reasonably requested from time to time.

Yours faithfully

A handwritten signature in black ink, appearing to read 'K. Senior', written over a horizontal line.

Keith Arthur Senior  
TRUSTEE