

Mr Joseph Beardwood
Pension Practitioner
Daws House
33-35 Daws Lane
London
NW7 4SD

March 20, 2013

Dear Mr Beardwood

Account Name: Sheridan Binnie Pension Scheme
Post Code: NW7 4SD

Thank you for the recent application for the above named account.

Regrettably, we are unable to process the application for the following reason(s)

- We require the enclosed section 6 and section 10 to be completed by the scheme administrator – (please make sure these details on both sections match each other.)

On receipt of this information, we should be in a position to re-assess this application. A pre paid envelope is enclosed for your convenience.

If you require any further assistance, please do not hesitate to contact us on our freephone number 0800 092 3300, from 7am to 11pm, seven days a week.

Yours sincerely



Ms H Ghafoor
Customer Services Administrator

CATER ALLEN, PART OF THE SANTANDER GROUP

9 Nelson Street, Bradford, BD1 5AN. Tel: 0800 092 3300. International Tel: +44 (0)114 228 2407. General Fax: 0870 240 6263. CHAPS/SWIFT Fax: 0870 240 6259. www.caterallen.co.uk

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5 Details of your Professional Adviser

Applicant to complete

Have you been introduced to Cater Allen Private Bank by a Professional Adviser?

Yes ☐ No ☒

If 'Yes', please complete the details below. If 'No', go to section 6.

Name of company

Address

Postcode

Telephone

Name

Email

6 Declaration and Mandate

Applicant to complete

We/I being all the Trustees of (please insert the full name of the Scheme)

SHERIDAN BINNIE PENSION SCHEME

(The Scheme) hereby apply to open a Pension Account ('The Account') with Cater Allen Private Bank ('The Bank') in accordance with the published 'Terms and Conditions' thereof ('the Conditions') and in accordance with the Mandate below, which we acknowledge having received and to which we agree to be bound and any subsequent amendments which the Bank may inform us of from time to time.

We hereby certify that:

(a) I/We are duly authorised by the Trust Deed of the Scheme to open the Account and operate it as set out in this Mandate and we hereby indemnify the Bank against any losses suffered as a result of any operation of the Account in accordance with this Mandate which is found to be in breach of the Trust Deed.

* (b) In the event of the death or incapacity of any of the Trustees or Authorised Signatories, the Bank is able to pay or deliver to the order of the survivors, all money, securities, deeds or documents or any other property which you hold for the credit of the remaining Trustees' joint Account.

The liability of as Scheme Administrator for any indebtedness arising from time to time on the Account(s) shall be limited to the Assets of the Scheme.*

*Please leave blank if not the Scheme Administrator.

Please act on the signature(s) of the Authorised Signatories in respect of cheques or other orders for payment on the Account, and as authority for the sale, purchase, delivery or other dealings with securities, bills, coupons, documents, boxes, packages and their contents and other property at any time held by you.

Authorised Signatories

All transactions on this Account must be signed by

☒ 1 (ONE) of the Trustees
(Please enter the number of Trustees to sign)

☐ All of the Trustees

☐ In addition to the above the Scheme Administrator must sign.

If less than all Trustees to sign on the Account:

I/We hereby jointly and severally indemnify the Bank from and against all actions, claims, demands and costs which may be brought or made against the Bank or incurred by the Bank by reason of the Bank's permitting operation of the Account otherwise than upon the signatures of all of the Trustees together.

I/We hereby authorise the Bank to provide the Scheme's Auditors with such information as they may request concerning the Account and any transactions which may have taken place via the Account.

Upon any of the Trustees ceasing to be a Trustee of the Trust by death or otherwise, the Bank may in the absence of written notice to the contrary from us, treat the surviving or continuing Trustees for the time being, as having full power to carry on the business of the Account Holder and to deal with its assets as freely as if there had been no change in the Trust.

The above authority shall remain in force until the Bank receives written notice of its revocation, notwithstanding any change in the constitution (or name) of the Trust and shall apply notwithstanding any change in the identity of the Trustees by death, bankruptcy, retirement or otherwise or the admission of any new Trustee or Trustees.

I/We authorise Cater Allen Private Bank to send copies of all statements issued in respect of the Account and to disclose details of that Account to my/our Professional Adviser, and Scheme Administrator, as named on this application, or their successors in title. I/We acknowledge that my/our Professional Adviser may receive commission from Cater Allen Limited in respect of the account. The Bank is hereby authorised to comply with all withdrawal instructions given by facsimile, providing that such instructions are signed in accordance with the current Mandate to operate the above Account and the Bank may act upon such instructions without the need for further enquiry.

The Bank may act upon such instructions immediately and without further enquiry unless it has cause to be suspicious as the nature and content of the request.

Closure of Account

We will not accept notification of closure of this Account unless it is authorised by the correct signatories as detailed on the valid Mandate that is in existence at that point in time.

9 Authorised Signatories

Applicant to complete

Anyone who wishes to be able to transact on this account needs to be identified below as an Authorised Signatory. If you are not identified as an Authorised Signatory, then unfortunately we cannot accept your signature as authorisation to carry out a transaction, e.g. on a letter, on a cheque, on a faxed request, etc.

The following Authorised Signatories wish to operate this account ("The Account") with Cater Allen Private Bank ("The Bank"). By signing this Application Form we agree that:

- We have read and understand the Data Protection Statement, and agree that you can use our information as stated in the statement.
- We have received and accept the Terms and Conditions of this account and agree to also be bound by any subsequent amendments advised to us by the bank from time to time.
- Our personal information contained in section 12 of this Application is true and correct.
- For Corporate Trustees who will be signing on this account, we will require a list of authorised signatories on company letterhead and at least one signatory from that list must sign in this section

Signature of first person

Full name

JOSEPH BEARDWOOD

Position

TRUSTEE

Signature

Beardwood

Date

05/03/2013

Signature of third person

Full name

Position

Signature

Date

Signature of second person

Full name

GILLIAN GRACE THORBURN

Position

TRUSTEE

Signature

Gee Thorburn

Date

05/03/2013

Signature of fourth person

Full name

Position

Signature

Date

10 Scheme Administrator details

Applicant to complete

I, the Scheme Administrator, verify that the above signed names are the legitimate Trustees and Authorised Signatories in the named Scheme.

Full name

Position

Address

Postcode

Signature

Date

11 Documentation requirements

Applicant to complete

The following documentation is required for verification of Schemes:

1. Certified copy of the portion of your Trust Deed (and any deed of amendment) showing name of Scheme and names and addresses of all Trustees.
2. Any relevant deed of removal and / or appointment.

Please note that:

You must not send us originals of the following valuable documents: Passport; Driving Licence; EEA member state ID card; Northern Ireland Voter's Card. This is due to the dangers of postal interception and fraud, and is for your own protection.

Professional Advisers may supply an IVC for each named Trustee / Authorised Signatory / Operators of the Account, provided that it is fully completed and is of a sufficient quality that any ID information can be reconstructed at a later date.