MR D. BAXLER
MRS, S. BaxLer
84 GOOFREY Way
GREAT DONMOW
ESSEX
CM6 25C.
1.7.15

TEL NO: 07968-630241.

Dear Emily Please find enclosed our Sign

declaration forms for our Investment with Invester. Any Problems Please contact me on the

above mobile Number

Many Thanks Sua Bastor



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

Full Name and Correspondence address of Scheme Is Scheme registered with HMRC? Yes No Does employer pay premiums/ contributions? Yes No If yes, please provide registration number below A: Full Name and Address of Employer Full Name and Address of Professional Scheme Trustee (**applicable**) B: Company Registration Number B: Company Registration Number First Trustee Tile (**Mr. Mrs. Miss**) Surname Surname Surname First Name Hiddle Name(s) Middle Name(s) Nationality Nationality Cender Cender Cender Date of Birth Date of Birth Date of Birth Home Telephone Number Work Telephone Number Mobile Number Email Address Address Address Address Address	Type and Name of Pension Scheme (e.g	r. SIPP, SSAS, Occupational)		
If yes, please provide registration number below A: Full Name and Address of Employer Full Name and Address of Professional Scheme Trustee (if applicable) B: Company Registration Number B: Company Registration Number C: TRUSTEES DETAILS C: TRUSTEES DETAILS C: Trustee Second Trustee Title (Mr., Mrs., Miss) Sumame Sumame First Name Iddle Name(s) Middle Name(s) Middle Name(s) Mationality Nationality Render ate of Birth Date of Birth Date of Birth Owne Telephone Number North Telephone Number Mobile Number Mobile Number mail Address Email Address Email Address	Full Name and Correspondence address	of Scheme	,	
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Third Trustee	Fourth Trustee
Title (Mr, Mrs, Miss)	Title (Mr, Mrs, Miss)
Surname	Surname
First Name	First Name
Middle Name(s)	Middle Name(s)
Nationality	Nationality
Gender	Gender
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To: The Manager, Partnerships Dept, Metro Bank PLC, One Southampton Row, London, WC1B 5HA

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full Name and Correspondence address of Scheme	
s Scheme registered with HMRC? Yes No fyes, please provide registration number below	Does employer pay premiums/ contributions? 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)	
	B: Company Registration Number
	S. Company registration Number
2. TRUSTEES DETAILS	
irst Trustee	Second Trustee
tle (Mr, Mrs, Miss)	Title (Mr, Mrs, Miss)
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Third Trustee	Fourth Trustee
Title (Mr, Mrs, Miss)	Title (Mr, Mrs, Miss)
Surname	Surname
First Name	First Name
Middle Name(s)	Middle Name(s)
Nationality	Nationality
Gender	Gender
Date of Birth	Date of Birth
Home Telephone Number	Home Telephone Number
Work Telephone Number	Work Telephone Number
Mobile Number	Mobile Number
Email Address	Email Address
Address	Address
Postcode	
	Postcode
3. SCHEME MEMBI	
3. SCHEME MEMBI	
	ER DETAILS
First Scheme Member	R DETAILS Second Scheme Member
First Scheme Member Fitle (Mr, Mrs, Miss)	Second Scheme Member Title (Mr, Mrs, Miss)
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3. SCHEME	E MEMBER DETAILS (continued)	
Third Scheme Me	lember	Fourth Scheme Member
Title (Mr, Mrs, Miss))	Title (Mr, Mrs, Miss)
Surname		Surname
First Name		First Name
Middle Name(s)		Middle Name(s)
Nationality		Nationality
Gender		Gender
Date of Birth		Date of Birth
Home Telephone Number		Home Telephone Number
Work Telephone Number		Work Telephone Number
Mobile Number		Mobile Number
Email Address		Email Address
Address		Address
Postcode		Postcode
4. CHOOSE	YOUR ACCOUNT(S)	
I/We would like to	to open: An Instant Access Savings Account	A Fixed Term Savings Account (please complete Section 5)
	A Community Account	
	ls a cheque book required	Is a paying in book required
F VOLID FIV	VED TERM DEPOCIT DETAIL O	
5. YOUR FIX	XED TERM DEPOSIT DETAILS	
Amount to be depo	posited	Term (months)
Funds to be depos	osited by: Cheque made payable to Metro Bank Electronic transfer from another bank	
Interest must be o	credited to an alternative Metro Bank account, pleas	se select of one of the following options:
		Credit interest to an existing Metro Bank Account number

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in accordance with the "Our Service f the Trustees of the Pension Scheme:
instructions set out below:
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om Metro Bank PLC f 6 (six) years after the account has closed les representatives d exemptions. We
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In this section you as tell us have rung Authorised Signator as you wish to appoint to assist you in the use and operation of your accepted if you would like to at point more from one Addressined Signatory, this section also lets you tell us if they can transact on your account(s) independently of it jointhubliple authorisation is required.

Picage complete the following as appropriate

Completion of the Mandate authorities bleed bank to account it includions given or time verticined, in accordance with the "Our Service" Reliquinship with Business Custumers" produce Cerma and Conditional and/or this Mandale on rehalf of the Trustees of the Pension Scheme:

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7. DECLARATION AND SIGNATU	JRE(S) (continued)
We confirm that the Account is to be subject to the Metr Relationship with Business Customers" Part 4 Section 40	ro Bank Business Account Information Summary and the Terms and Conditions as set out in "Our Service").
First Trustee Signature	Second Trustee Signature
S Dages.	
Date	Date
Third Trustee Signature	Fourth Trustee Signature
Date	Date
Scheme Administrator Details	Signature
Name	Signature
Address	
	Date
8. ACCOUNT INTRODUCER DET	TAIL S
	7420
Name of Company	
Address	
Post code	Telephone Number
Contact Name	
Email	