

Section 2 (Continued)

Telephone:

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Fax:

Email:

Section 3

Corporate Trustee Details

Name of the Corporate Trustee:

Address:

Postcode:

Telephone:

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Fax:

Email:

Section 4

Details of Members

Number of Members in the scheme:

Please get additional pages if more members are in the scheme.

Details of Members

For existing customers of SBI please provide your SBI Customer ID number:

Title (Mr./Mrs./Miss/Other):

Other Initials:

First Name:

Middle Name:

Surname:

Date of Birth:

/ /

Proof of identity - one document: *(Please tick the appropriate box)*

Passport

EU or EEA photocard driving license

UK driving license

Armed forces identity card

National identity card

Identification document number/Passport number:

Date of issue:

/ /

Date of expiry:

/ /

If Visa held, date of expiry:

/ /

Place of birth: *(City and Country)*

National Insurance number:

Country of nationality:

Mother's maiden name: *(required for security purposes, not more than 15 characters)*

Marital status: *(Please tick the appropriate box):*

Single

Married / in a civil partnership

Divorced / dissolution of a civil partnership

Living with a partner

Separated

Widowed

How many children or other people depend on you financially?

Home phone number: *(including country and area code)*

Mobile phone number:

E-mail address:

Current address:

Town:

Country:

Post Code:

Residential status:

Home owner

Living with family / friends

Tenant

How long have you lived at this address?

/

If you have been at your current address for less than 3 years, please provide us with all the addresses you have lived at in the past 3 years.

Previous address:

Town:

Country:

Post Code:

How long have you lived at this address?

/

Permanent Address: *(if different from current address)*

Town:

Country:

Post Code:

Details of Members

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/

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Town:

Country:

Post Code:

Section 5

Details of Authorized Signatory: 1 of Corporate Trustee

Title (Mr./Mrs./Miss/Other):	First Name:
Other Initials:	Surname:
Address:	
Postcode:	Country:
Date of Birth:	Nationality:
Passport Number:	Email:
Previous Address: <i>(if less than 3 years at current address)</i>	
Postcode:	Country:
Position:	
Signature:	

Details of Authorized Signatory: 2 of Corporate Trustee

Title (Mr./Mrs./Miss/Other):	First Name:
Other Initials:	Surname:
Address:	
Postcode:	Country:
Date of Birth:	Nationality:
Passport Number:	Email:
Previous Address: <i>(if less than 3 years at current address)</i>	
Postcode:	Country:
Position:	
Signature:	

Section 6

Account Mandate

We SSAS Authorized Signatories hereby apply to open a SSAS Account ('The Account') with State bank of India ('The Bank') in accordance with the published Terms and Conditions and in accordance with the Account Mandate below.

We hereby certify that:

- i. We are dually authorized 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 Trust Deed.
- ii. In the event of death, incapacity or inability to act of the Member, the Bank is able to pay or deliver all money, securities, deeds of documents or any other property, which it holds, to the order of the Corporate Trustee.
- iii. In the event of the inability of the Corporate Trustee to act, the Bank will suspend the operation of the Account until such time as a replacement Corporate Trustee is appointed and becomes a party to the Account. The liability of the Corporate Trustee for any indebtedness arising from time to time on the Account(s) shall be limited to the value of the Assets of the Scheme.
- iv. We agree to notify SBI, regarding any change to the SIPP Scheme including any change of regulatory status.

Authorized Signatories

We request and authorize the bank to act on the signatures of Authorized Signatories, listed in Section B of this application form in respect of all cheques and other orders or instructions.

All the transactions on this account must be signed by

Corporate Trustee/Scheme Administrator

OR

Corporate Trustee only

Number of authorized Signatories required to sign, at any one time, on behalf of the Corporate Trustee

We hereby authorize the Bank to provide the Scheme's Auditors with such information as the auditors may request from time to time until notice in writing to the contrary is received by the Bank.

This mandate shall remain in force until the Bank receives written notice of its revocation, notwithstanding any change in the constitution or name of the Scheme and shall apply, notwithstanding any change in the identity of the Trustees or the admission of any new Trustee or Trustees.

The Bank is requested and authorized to

- a) open additional accounts as and when required,
- b) accept instructions from time to time regarding any changes to the authorized signatories,
- c) accept instructions given by facsimile.

Section 7

We declare that the (SSAS Name) is an approved scheme by HMRC.

The State Bank of India (UK) Ltd may share your personal data with, and obtain personal data about you from, credit reference agencies or fraud prevention agencies for use in verifying your identity, credit decisions and for fraud and money laundering prevention. If fraud is detected, you could be refused certain services, finance, or employment. Further details explaining how the personal data held by fraud prevention agencies may be used can be found on our website: <https://sbiuk.statebank/credit-reference>

The State Bank of India (UK) Ltd will not disclose any personal data to any company outside the State Bank Group except to help prevent fraud, or if required to do so by law. For further information on how your personal data is used, how we maintain the security of your personal data and your rights to access personal data we hold on you, please see our Privacy Policy, a copy of which can be found here: <https://sbiuk.statebank/privacy-policy> or contact us at customerservices.sbiuk@statebank.com marking the correspondence for the attention of the Data Protection Officer.

The State Bank of India (UK) Ltd would like to send you information about special offers you may be entitled to or about products and services available from the State Bank Group that may be of interest to you. If you agree to being contacted in this way please tick the relevant boxes:

I/We understand that the information I/We have given to the Bank (Described in the section of the Bank's Term and Conditions relation to Data Protection) will be used for the purpose set out in the section.

Post

Email

Phone

SMS

Section 7 (Continued)

I/We have read and understood that these documents are part of our contract with the bank. If there is anything in the bank's Terms and Conditions that I/We do not understand and wish to discuss, I/We will contact our local branch before signing the form.

Corporate Trustee/Scheme Administrator

OR

Corporate Trustee only

Authorized Signatories - Corporate Trustee / Scheme Administrator

1	Full Name:	Signature:	Date:
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2	Full Name:	Signature:	Date:
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The above authorized signatories of Corporate Trustee can give additional list of signatories so that in the absence of the above signatories, signatories mentioned in their additional list of signatories can sign on behalf of the Corporate Trustee

Authorized Signatories - Members

1	Full Name:	Signature:	Date:
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2	Full Name:	Signature:	Date:
---	------------	------------	-------

3	Full Name:	Signature:	Date:
---	------------	------------	-------

4	Full Name:	Signature:	Date:
---	------------	------------	-------

5	Full Name:	Signature:	Date:
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Additional Mandate Details (if any):

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