

For HO use - Cust No.

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SIPP Deposit Relationship Application - Continuation Sheet

This form should only be used in conjunction with the SIPP Deposit Relationship Application form. Please complete this form and return it to Customer Services Department, Leeds Building Society, 105 Albion Street, Leeds LS1 5AS.

1. Organisation Details

Name of Organisation:		Pension Scheme Tax Ref:	
Address of Organisation:		Postcode:	
Telephone Number:	Email:		

2. Declarations:

I, as an Authorised Signatory:

- request that the above named Relationship be opened in the name of the Organisation set out above, and that the SIPP Deposit Relationship and all Client Accounts will be administered according to the above details.
- agree that the Organisation and all its Authorised Signatories will be bound by the SIPP Deposit Terms and Conditions and the Society's Rules.
- confirm that I have received a copy of the SIPP Deposit Terms and Conditions.
- declare that this application form and all future written applications for Client Accounts have been or will be completed to the best of my knowledge and belief.
- confirm that I have full authority, in accordance with the Organisation's constitution, to commence and operate the SIPP Deposit Relationship and all Client Accounts on behalf of the Organisation set out above.
- agree to notify the Society in accordance with the SIPP Deposit Terms and Conditions of any change to the SIPP Deposit Relationship and/or Client Accounts.
- confirm that the Organisation will have sufficiently verified the identity of all its Clients for whom it opens a Client Account in accordance with all applicable statutes, legislation, regulations, codes of conduct and proactive requirements including but not limited to the Money Laundering Regulations 2007, the EU Third Money Laundering Directive and the Joint Money Laundering Steering Group 2009 Guidance.
- agree that the Organisation will if requested by the Society provide full details of the identity of the Client(s) for all/any Client Accounts.

3. Authorised Signatories

By signing below, you are agreeing to abide by the Declarations set out above.

Signature 1

Title	Surname
Forename(s) in full	
Role/job title	
Signature	
Date:	

Signature 2

Title	Surname
Forename(s) in full	
Role/job title	
Signature	
Date:	

Signature 3

Title	Surname
Forename(s) in full	
Role/job title	
Signature	
Date:	

Signature 4

Title	Surname
Forename(s) in full	
Role/job title	
Signature	
Date:	

Signature 5

Title	Surname
Forename(s) in full	
Role/job title	
Signature	
Date:	

Signature 6

Title	Surname
Forename(s) in full	
Role/job title	
Signature	
Date:	

Signature 7

Title	Surname
Forename(s) in full	
Role/job title	
Signature	
Date:	

Signature 8

Title	Surname
Forename(s) in full	
Role/job title	
Signature	
Date:	

Signature 9

Title	Surname
Forename(s) in full	
Role/job title	
Signature	
Date:	

Signature 10

Title	Surname
Forename(s) in full	
Role/job title	
Signature	
Date:	

Signature 11

Title	Surname
Forename(s) in full	
Role/job title	
Signature	
Date:	

Signature 12

Title	Surname
Forename(s) in full	
Role/job title	
Signature	
Date:	

Signature 13

Title	Surname
Forename(s) in full	
Role/job title	
Signature	
Date:	

Signature 14

Title	Surname
Forename(s) in full	
Role/job title	
Signature	
Date:	

Signature 15

Title	Surname
Forename(s) in full	
Role/job title	
Signature	
Date:	

Signature 16

Title	Surname
Forename(s) in full	
Role/job title	
Signature	
Date:	