

EMPLOYER'S APPLICATION FORM

SMALL SELF ADMINISTERED SCHEME



PART 1 – COMPANY DETAILS

1. FULL COMPANY NAME: (If more than one employer is contributing to the scheme a separate application is required for each employer)		
2. REGISTERED NO. OF COMPANY:		
3. REGISTERED OFFICE OF COMPANY:		
4. CONTACT & ADDRESS FOR CORRESPONDENCE:		
5. NATURE OF BUSINESS:		
6. COMPANY FINANCIAL YEAR END:		
7. TAX DISTRICT & REFERENCE NUMBER OF: INLAND REVENUE OFFICE HANDLING COMPANY ACCOUNT:	DISTRICT:	REFERENCE:
8. TAX DISTRICT & REFERENCE NUMBER OF: INLAND REVENUE OFFICE HANDLING EMPLOYEES PAYE	DISTRICT	REFERENCE:
9. IS THE COMPANY TREATED AS A TRADING COMPANY FOR TAX PURPOSES?	YES / NO	
10. IS THE COMPANY RESIDENT OVERSEAS FOR UK TAX PURPOSES?	YES / NO	

PART 2 – PROPOSED CONTRIBUTIONS

TOTAL INITIAL CONTRIBUTION:	
INTENDED PAYMENT DATE OF INITIAL CONTRIBUTION:	
AMOUNT OF INITIAL CONTRIBUTION TO BE REPORTED TO THE PENSION SCHEMES OFFICE AS ORDINARY ANNUAL CONTRIBUTIONS:	
HOW ARE THE INITIAL CONTRIBUTIONS TO BE INVESTED	----- ----- -----

PART 3 – OTHER SCHEMES OF THE COMPANY

<p>HAS THE COMPANY EVER CONTRIBUTED TO ANOTHER ARRANGEMENT FOR RETIREMENT OR DEATH IN SERVICE BENEFITS</p> <p>IF YES, PLEASE PROVIDE THE FOLLOWING DETAILS:</p>	<p>YES / NO</p>		
	SCHEME 1	SCHEME 2	SCHEME 3
Name of Scheme			
Name of Insurer or Administrator			
Address			
Pension Scheme Office Ref. No:			
Normal Retirement Ages	Males: Females:	Males: Females:	Males: Females:
Have Contributions to the Scheme Ceased? If so when?	Yes / No Date:	Yes / No Date	Yes / No Date:
How is the arrangement affected by the New Scheme			