

Please use BLOCK CAPITALS and complete details on a separate sheet of any other companies to participate in the scheme.

Section 1: Principal employer information

If more than one employer is to be part of the scheme, please complete a sponsoring employer form for all other employers.

Full company name:

Company number:

☐ Registered with UK Companies House ☐ Other (please give details):

Contact name:

Correspondence address:

..... Postcode:

Telephone number: Fax number:

Email address:

Nature of business:

Is employer trading? ☐ Yes ☐ No

Publicly quoted company: ☐ Yes ☐ No Number of people employed:

Registered for tax with HMRC? ☐ Yes ☐ No

PAYE reference:

VAT reference:

VAT reference:

If no VAT reference given above, please confirm by ticking this box that the company is not VAT registered ☐

Please list which scheme members the company employs: <i>(tick if a director)</i>	Name	☐ Director
	Name	☐ Director
	Name	☐ Director
	Name	☐ Director

Details of shareholders:

Name %

Name %

Name %

Name %

Name %

Employer status:

☐ Limited ☐ Limited by guarantee ☐ Limited by liability ☐ Partnership

☐ Self-employer ☐ Other

If company, Corporation Tax Reference:

If an LLP or a partnership, Partnership Tax Reference:

If sole trader, Self-Assessment Tax Reference:

Section 2: Scheme information

Proposed name of scheme:

Proposed number of scheme members:

Primary contact details

Title: Name:

Address:

..... Postcode:

Telephone:

Email:

Initial contribution to be made: £ ☐ Employer ☐ Member

Name and address of bank where scheme trustees' account to be opened (N.B. leave blank if wish to use Barnett Waddingham's chosen default bank):

.....

.....

.....

Delegation for signing on bank account: either ☐ all trustees or ☐ professional trustee plus other trustee(s)

Who will pay scheme expenses?

☐ Principal employer ☐ Scheme

☐ Other participating employer (name).....

Section 3: Adviser contact details

Please provide details for the scheme's advisers, not for individual members.

Financial Adviser name:

Contact name:

Address:

..... Postcode:

Email address: Telephone number:

Accountant name:

Contact name:

Address:

..... Postcode:

Email address: Telephone number:

Solicitor name:

Contact name:

Address:

..... Postcode:

Email address: Telephone number:

Section 4: Declaration

I declare that the information provided in this form, and any other documents completed in connection with this form, are to the best of my knowledge and belief, correct and complete.

I understand that Barnett Waddingham may process any information obtained from me in relation to the provision of services. All copies of information held by Barnett Waddingham shall be retained and processed in accordance with the provisions of the Data Protection Act 1998 and any subsequent applicable legislation.

Signed Print name Date

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