

Telephone Number

Pension Scheme Administrator registration:

* Indicates required information If you complete this by hand please use black ink and print your responses Are you resident in the United Kingdom? X Yes No What type of Scheme Administrator are you? <u>Individual</u> X Company or Organisation **Partnership** If you are registering as an individual complete this section: Forename(s) Aubrey Surname Brocklebank Address Line 1 21 Needham Road Address Line 2 Stanwick Address Line 3 Northamptonshire Address Line 4 * if UK UK Postcode resident NN9 6QU Country United Kingdom Email address a.brocklebank.t21@btinternet.com

07973-744828

National Insurance Number (e.g. * QQNNNNNNX)	YY690315D
Self-Assessment UTR (10 digit Unique Tax Reference)	21923 34735
* Date of Birth	29-01-1952
Previous address in last 12 months	
Address Line 1	N/A
Address Line 2	
Address Line 3	
Address Line 4	
UK Postcode	
Country	
	that any false statement may also lead to prosecution.
I understand that as a scheme administrator I and conferred or imposed on the scheme administrator and I intend to discharge those functions at all time or another EU member state or non-member EEA issued to the scheme administrator under the Find I understand that I may be liable to a penalty and pension scheme may be de-registered if I fail to contain the scheme administrator under the Find I understand that I may be liable to a penalty and pension scheme may be de-registered if I fail to contain the scheme administrator I and conferred or imposed on the scheme administrator I and conferred or imposed on the scheme administrator I and conferred or imposed on the scheme administrator I and conferred or imposed on the scheme administrator I and conferred or imposed on the scheme administrator I and conferred or imposed on the scheme administrator I and I intend to discharge those functions at all times and I intend to discharge those functions at all times are conferred or imposed on the scheme administrator under the Find I intend to the scheme administrator under the Find I intend to the scheme administrator under the Find I intend to the scheme administrator under the Find I intend to the scheme administrator under the Find I intend to the scheme administrator under the scheme a	or of a pension scheme by the Finance Act 2004, mes, whether resident in the United Kingdom state. I will comply with all information notices ance Act 2004 or the Finance Act 2008. If where the scheme is registered the
I understand that as scheme administrator I must when they are reasonably required; provide inform their own tax obligations and pay any tax charges under part 4 of the Finance Act 2004.	nation to members to enable them to meet
I understand that where HMRC believes that a sch make up the scheme administrator of the pension X scheme administrator, HMRC may refuse to registe HMRC may de-register a scheme.	neme administrator, or one of the persons that scheme, is not a fit and proper person to be a er a scheme or, if the scheme is already registered,



1 Account details			
Please write clearly in the white spaces with capital letters or cross the boxes. Please use separate form for every 5 accounts.	Standing Orders and Direct Debits which are not transferre will be cancelled.	d to another accou	
Account name	Sort code Account number		
A B & A Pension Fund	1 0 0 7 7 7	5 6 5	
2 Beneficiary details (please select one option of	ıly)		
To Bank of Scotland account Beneficiary name	Sort code Account number		
Electronic Payment (May be chargeable as specified in your Core Banking Agreement) • Chaps Payment: £100,000 or more £30 charge • Faster Payment: less than £100,000 No charge Beneficiary name	Sort code Account number		
Cheque Beneficiary name	Address to be sent to		
	Postcode		
3 Account holder details			
To be signed in accordance with the bank mandate			
Print name	Print name		
Sir Aubrey Brocklebank	MW Trustees Limited		
Account holder's signature	Account holder's signature		
Date 12 / 3 / 3 7 20			
10/3/20	Date		
Print name	Print name		
AND THE RESIDENCE OF THE PROPERTY OF THE PROPE			
Account holder's signature	Account holder's signature		
Account holder's signature	Account holder's signature		

Please post this completed form to: Sighthill North, 2 Bankhead Crossway North, Edinburgh, EH11 4DT.