

SSAS Set up questionnaire

Telephone: 0800 634 4862 Fax: 020 8711 2522 Email: info@pensionpractitioner.com

Name of Scheme **DOUGLAS H SAVAGE LTD2014 SCHEME.**
Name of Company/
Employer creating the Scheme **DOUGLAS H SAVAGE LTD**
Serving Address for
Pension Correspondence **TALBOT CHAMBERG. 2/6 NORTH CHURCH ST.**
SHEFFIELD
S1. 2DH.

Telephone Number **0114 155009.**

Contact Name **R.J. WOOD**

Email Address

Accountant Details

Name of the Company **N.W. SWARPE & Co.**

Contact Name **NW. SWARPE.**

Telephone Number **0114. 2500842.**

Email Address

Address **SOVEREIGN House. Mather BANK.**
SHEFFIELD S7.

Financial Advisor Details

Name of the Company **H. MULLINGTON.**

Contact Name

Telephone Number **07808-532556.**

Email Address **hwardmullington@live.com.**

Address **34 LEMAN ST.**
SHEFFIELD S17. 4HA.

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Telephone: 0800 634 4862 Fax: 020 8711 2522 Email: info@pensionpractitioner.com

Trustees

Trustee 1 Title (Mr, Miss, Mrs) **MR.** Forename(s) **RICHARD JOHN**
Surname **WOOD.** Date of Birth **4.6.60.**
Proposed Retirement Date **AGE 65.** National Insurance Number **WK726700D**
Home Address **135 TRAP LANE.**
BRISTOL
SM.

Is this Trustee also a Member?

☒ Yes ☐ No

Trustee 2 Title (Mr, Miss, Mrs) Forename(s)
Surname Date of Birth
Proposed Retirement Date National Insurance Number
Home Address

Is this Trustee also a Member?

☐ Yes ☐ No

Please return this form to:
info@pensionpractitioner.com

Alternatively, post this form to:
Pension Practitioner .Com
Daws House
33-35 Daws Lane
London NW7 4SD

Signed



Date **27.1.14.**