

SSAS Set up questionnaire

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

Name of Scheme

Name of Company/
Employer creating the Scheme

Serving Address for
Pension Correspondence

L27-31 London Rd.
SHEFFIELD S2 4HT.

Telephone Number

07932-633503

Contact Name

Paul

Email Address

Accountant Details

Name of the Company

TVA.

Contact Name

Telephone Number

Email Address

Address

Financial Advisor Details

Name of the Company

Paul

Contact Name

Telephone Number

07932-633503

Email Address

Address

2 SSAS Set up questionnaire

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

Trustees

Trustee 1 Title (Mr, Miss, Mrs) **MRS** Forename(s) **ALISON MARGARET**
Surname **SHARKE.** Date of Birth **25.5.66**
Proposed Retirement Date **SS.** National Insurance Number **NH 787488C**
Home Address **76 MILBANKNE RD**
CRAWLEY.
RHO. 7LP.

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 **A. Sharke**

Date **16.5.16**