

Clerical Medical Group Personal Pension Plan
PO Box 174
Walton Street
Aylesbury
Bucks
HP21 7YP

13th January 2022

Plan Number: PP3C6716302276
Planholder Name: Mrs. Sijabulile Nyirongo

Dear Sir/Madam,

Please find enclosed a completed application from **Mrs. Sijabulile Nyirongo** to transfer his pension out, together with the following documents:

1. Pension Transfer Out Form
2. Establishing Trust Deed
3. Scheme Rules
4. Tax Registration Certificate
5. HMRC Confirmation
6. Scheme Bank Statement
7. Metro Bank Account Details
8. Company Letter confirming Participation & Employment
9. Company Letter confirming Registration & Contributions
10. November – January salary slips
11. 3 months bank statements
12. Certified Drivers License

Please be advised that the Planholder uses her business current account for the personal purposes.

I would be most grateful if you may process **Mrs. Sijabulile Nyirongo** request at your earliest convenience. Should you require any further information, please do not hesitate to contact us.

Yours Sincerely,



Lisa Welton
Scheme Administrator