

**SSAS Takeover questionnaire**

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

Name of Scheme **JOHN A DOBBINS LTD SELF ADMINISTERED SCHEME**

Name of Company/  
Employer creating the Scheme **JOHN A DOBBINS LTD**

Serving Address for  
Pension Correspondence **10 OTLEY MOUNT  
EAST MORTON  
KEIGHLEY**

Telephone Number

Contact Name **JOHN A DOBBINS**

Email Address

**HMRC and The Pensions Regulator**

HMRC Pension Scheme  
Tax Reference (PSTR) **0031977926**

Government Gateway User ID

Password

The Pensions Regulator  
Scheme Reference (PSR)

Scheme Key

**Accountant Details**

Name of the Company **NO ACCOUNTANT. PROVIDED BY PEARSON JONES.**

Contact Name

Telephone Number

Email Address

Address

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### Financial Advisor Details

Name of the Company **RMP FINANCIAL LLP**  
 Contact Name **RICHARD JOHNSON**  
 Telephone Number **01423 863794**  
 Email Address **richard.johnson@rmpfinancial.co.uk**  
 Address **MONKSWELL HOUSE, MARSE LANE, KNARESBOROUGH**

### Current Administrator / Professional Trustee Details (Ongoing Trustee)

Name of the Company **PEARSON JONES**  
 Contact Name **LISA LIMLEY**  
 Telephone Number **0113 228 0900**  
 Email Address **LISA.LIMLEY@PEARSON-JONES.CO.UK**  
 Address **CLAYTON WOOD CLOSE, WEST PARK RING ROAD,  
 LEEDS, LS16 6QE**

### Continuing Trustees

**Trustee 1** Title (Mr, Miss, Mrs) **MR** Forename(s) **JOHN ANTHONY**  
 Surname **DOBBS** Date of Birth **9/3/47**  
 Proposed Retirement Date **Retired** National Insurance Number **YK315859A**  
 Home Address **10 OTLEY MOUNT, EAST MORTON,  
 KEIGHLEY, WEST YORKSHIRE, BD20 5TD**

Is this Trustee also a Member?

☒ Yes ☐ No

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**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

**Trustee 3** 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

**Trustee 4** 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

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**Trustee 5** 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

**Trustee 6** 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

**When returning this form we require the following:**

- A copy of the original Trust Deed and Rules and all subsequent amendment Deeds.
- Most recent scheme accounts

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

*[Signature]*

T Signed

*[Signature]*

Name

JOHN A DOWDING

Name

VALENIE L DOWDING

Date

14/1/14

Date

14/1/14