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|  | **SET UP QUESTIONNAIRE** |
| Name of Scheme: |  **PL@N:IT NUTRITION LIMITED DIRECTORS PENSION SCHEME** |
| Name of Company/Employer creating the Scheme: | **PL@N:IT NUTRITION LIMITEDCompany No. 06902332** |
| Serving Address for Scheme Correspondence: | UNIT 7 HURLANDS BUSINESS CENTRE FARNHAM SURREY GU9 9JE |
|  |   |
| Telephone Number: |  07834 162502 |
| Contact Name: |  MARK PALFREY |
| Email Address: |  mark@planit-recruitment.com |
|  |   |
| **Please provide details of yourCompany/Business’s accountant**Name of Accountant: |  WHITE HART ASSOCIATES |
| Address: |   |
|  |   |
|  |   |
|  |   |
| Telephone Number: |   |
| Contact Name: |  NIKKI SPOOR |
|  |   |
| **Please provide details of your Financial Advisor**Name of Financial Advisor: |  N/A |
| Address: |   |
|  |   |
|  |   |
| Telephone Number: |   |
| Contact Name: |   |
|  |  |
| **Trustees** |  |
| Name of Trustee 1: | MARK LINDSAY PALFREY |
| Date of Birth: |  29-06-1967 |
|  |  |
| National Insurance Number: |   |
| Home Address: |  6 MORETON CLOSE |
|  |  CHURCH CROOKHAM |
|  |  FLEET, HAMPSHIRE. GU52 8NS |
| *Register with Pensions Regulator:* | *NO* |
| *Administration Team Requirements:* | *PLEASE OBTAIN ADMIN ID NUMBER USING THE PENSION PRACTITIONER ADDRESS* |
|  |   |
| **Please return this form to:** | info@pensionpractitioner.com |
|  | Alternatively, post this form to: |
|  | Pension Practitioner .Com LimitedDaws House33-35 Daws LaneLondonNW7 4SDFax: 020 8711 2522Phone: 0800 634 4862 |
| Signed: |   |
| Date:  |   |