SSAS Set Up Questionnaire

Name of Scheme Provider	THE GREEK LIMITED.
Address	4 QUEENSWAY NEMEL NEMPSTEAD
	ucets
	HPI ILR.
Telephone Number	01442 - 234057
Nature of Business	RESTAURANT .
Tax Status	UK LTD Company .
Name of Accountant (if applicable)	MUTE WET ASSOCIATE LUP
Contact Name	Niver spool
Address	EAST HOUSE
	109 sour worple way
-	Laxon, SW1487N

Name of Member Trustees	Date of Birth	Retirement Date	NI Number	UTR Number
Ma. Andros ktoroes	1-8-57	1-8-13		
NR JOHN SAVVA,	28-04/1948	28-04/2013		

Principal Contact for the scheme	ANDROS KTORDES.
Address	THE GREEN LYD,
Telephone Number	01442-234057.
Email address	· · · · · · · · · · · · · · · · · · ·
Scheme Administrator	A UDROS KATORIBET
Contact Name	
Financial Advisor	
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Contact Name			
Address			
Telephone Number			
Name of Scheme			
The information provided on	this form is correct to the best of our knowledge		
Signature	න		
Name ANDROS	KTORIDES		
Position TRUSTEE			
Date 19/3/04	-		
Signature			
Name JOHN SA	NV A		
Position TRUSTER			
Position TRUSTER Date $19/3/\sigma_1$			
Important Note:			

When returning this application, you will also need to enclose: A signed terms of business letter An application form for each member

If you need assistance with the completion of this form please call 0207 724 2311