

Pension Scheme Administrator registration:

* Indicates required information

	If you complete this by hand please use black ink and print your responses				
*	Are	you resident in the United Kingdom?	Yes No		
*	Wha you	at type of Scheme Administrator are			
	Indi	vidual			
	Com	pany or Organisation			
	Part	nership			
f yo	u are	registering as an individual complete this s	section:		
	*	Forename(s)	MICHAEL STEPHEN		
	*	Surname	MCGILLICUDDY		
	×	Address Line 1	BARNFIELD COTTAGE		
			ISTACK (CED COLL)		
	*	Address Line 2	STATION ROAD		
		Address Line 3	LISKEARD		
		Address Line 4	CORNWALL		
	f UK lent	UK Postcode	PL14 4DT		
	*	Country	UK		
	*	Email address	stevency illicually e mac. com		
		T			
	冰	Telephone Number	07624 1236 599		

	*	National Insurance Number (e.g. QQNNNNNNX)	YX699086C
		Self Assessment UTR (10 digit Unique Tax Reference)	2517041086
	*	Date of Birth	19/02/1956
		Previous address in last 12 months	
		Address Line 1	
		Address Line 2	
		Address Line 3	
		Address Line 4	
		UK Postcode	
		Country	
If yo	u are	registering as a Company or Organisation c	omplete this section:
		registering as a Company or Organisation or	
Complete	e info		
Complete	e info	rmation about the Scheme Administrato	
Complete	Con Add	rmation about the Scheme Administrato	
Complete *	Con Add	rmation about the Scheme Administrate inpany or Organisation name ress Line 1	
Complete *	Con Add Add	rmation about the Scheme Administrate inpany or Organisation name ress Line 1 ress Line 2	
Complete *	Con Add Add Add	rmation about the Scheme Administrate repany or Organisation name ress Line 1 ress Line 2 ress Line 3	
Complete * * * * * * * * * * * * *	Con Add Add Add UK	rmation about the Scheme Administrate repany or Organisation name ress Line 1 ress Line 2 ress Line 3 ress Line 4	
* * * * * * * * * * * * *	Con Add Add Add UK	ress Line 3 ress Line 4 Postcode	

	Previou	us address in last 12 months	
	Addres	ss Line 1	
	Addres	ss Line 2	
	Addres	ss Line 3	
	Addres	ss Line 4	
	UK Pos	stcode	
	Count	γ	
*		any Reference Number (CRN) ts OR 8 digits prefixed by 2 alphabetic ters)	
	Please	e state the reason if no CRN has been	
		egistration Number B999 9999 73)	
		Reference (3 digits followed by a re of numbers and or letters)	
Plea	se provi	de details of the Directors: You can provi	ide details of up to 3 Directors here
Dir 1	rector		
		Title	
	*	First name(s)	
		Surname	
	*	Residential Address Line 1	
	*	Residential Address Line 2	
		Residential Address Line 3	

	Residential Address Line 4	
	UK Postcode	
*	Country	
*	Email address	
*	Telephone Number	
*	National Insurance Number (e.g. QQNNNNNNX)	
	Please state the reason if no NI NO has been entered	
*	Self Assessment UTR (10 digit Unique Tax Reference)	
	Please state the reason if no UTR has been entered	
*	Date of Birth	
	Previous address in last 12 months	
	Address Line 1	
	Address Line 2	
	Address Line 3	
	Address Line 4	
	UK Postcode	
	Country	
Director 2		
	Title	
*	First name(s)	

*	Surname	
*	Residential Address Line 1	
*	Residential Address Line 2	
	Residential Address Line 3	
	Residential Address Line 4	
	UK Postcode	
	OK POSCOGE	
*	Country	
*	Email address	
*	Telephone Number	
*	National Insurance Number (e.g. QQNNNNNNX)	
	Please state the reason if no NI NO has been entered	
*	Self Assessment UTR (10 digit Unique Tax Reference)	
	Please state the reason if no UTR has been entered	
*	Date of Birth	
	Previous address in last 12 months	
	Address Line 1	
	Address Line 2	
	Address Line 3	
	Address Line 4	
	LIK Postcode	

	Country	
Director 3		
	Title	
*	First name(s)	
*	Surname	
*	Residential Address Line 1	
*	Residential Address Line 2	
	Residential Address Line 3	
	Residential Address Line 4	
	UK Postcode	
*	Country	
*	Email address	
*	Telephone Number	
*	National Insurance Number (e.g. QQNNNNNNX)	
	Please state the reason if no NI NO has been entered	
*	Self Assessment UTR (10 digit Unique Tax Reference)	
	Please state the reason if no UTR has been entered	
*	Date of Birth	
	Previous address in last 12 months	

	Address Line 1	
	Address Line 2	
	Address Line 3	
	Address Line 4	
	UK Postcode	
	Country	
If you h below	ave provided details of a maximum of	three Directors, you must answer the question
H	Does the Company or Organisation have more than 3 Directors?	Yes No
If you are	registering as a Partnership complete this	section:
*	Partnership name	
*	Address Line 1	
*	Address Line 2	
	Address Line 3	
	Address Line 4	
* if UK resident	A DESCRIPTION OF THE PROPERTY	
*	Country	
*	Email address	
*	Telephone Number	
	Previous address in last 12 months	
	Address Line 1	

		Address Line 2	
		Address Line 3	
		Address Line 4	
		UK Postcode	
		Country	
	*	Partnership UTR (10 digit Unique Tax Reference)	
		Please state the reason if no UTR has been entered	
		VAT Registration Number (e.g. e.g. GB999 9999 73)	
		PAYE Reference (3 digits followed by a mixture of numbers and or letters)	
Please	prov	vide details of the Partners: You can provide	e details of up to 3 Partners here
Partn	er 1	Title	
	*	First name(s)	
	*	Surname	
	*	Residential Address Line 1	
	*	Residential Address Line 2	
		Residential Address Line 3	
		Residential Address Line 4	
		UK Postcode	

*	Email address	
*	Telephone Number	
*	National Insurance Number (e.g. QQNNNNNNX)	
	Please state the reason if no NI NO has been entered	
*	Self Assessment UTR (10 digit Unique Tax Reference)	
	Please state the reason if no UTR has been entered	
	Date of Birth	
	Previous address in last 12 months	
	Address Line 1	
	Address Line 2	
	Address Line 3	
	Address Line 4	
	UK Postcode	
	Country	
Partner 2		
	Title	
*	First name(s)	
*	Surname	
*	Residential Address Line 1	

Residential Address Line 2 Residential Address Line 3 Residential Address Line 4 UK Postcode Country Email address Telephone Number National Insurance Number (e.g. QQNNNNNX) Please state the reason if no NI NO	
Residential Address Line 4 UK Postcode * Country Email address Telephone Number National Insurance Number (e.g. QQNNNNNX)	
UK Postcode * Country * Email address * Telephone Number National Insurance Number (e.g. QQNNNNNX)	
UK Postcode * Country * Email address * Telephone Number National Insurance Number (e.g. QQNNNNNX)	
* Country * Email address * Telephone Number National Insurance Number (e.g. QQNNNNNX)	
Email address Telephone Number National Insurance Number (e.g. QQNNNNNX)	
Email address Telephone Number National Insurance Number (e.g. QQNNNNNX)	
* Telephone Number National Insurance Number (e.g. QQNNNNNNX)	
National Insurance Number (e.g. QQNNNNNNX)	
* QQNNNNNX)	
* QQNNNNNX)	
Please state the reason if no NI NO	
rease state the reason in 10 NT NO	
has been entered	
Self Assessment UTR (10 digit Unique	
* Tax Reference)	
Please state the reason if no UTR has been entered	
been entered	
Date of Birth	
Previous address in last 12 months	
Address Line 1	
Address Line 2	
Address Line 3	
Address Line 4	
UK Postcode	
Country	

	Title	
*	First name(s)	
*	Surname	
*	Residential Address Line 1	
Sec	Residential Address Line 2	
	Residential Address Line 3	
	Residential Address Line 4	
	UK Postcode	
*	Country	
*	Email address	
*	Telephone Number	
*	National Insurance Number (e.g. QQNNNNNNX)	
	Please state the reason if no NI NO has been entered	
*	Self Assessment UTR (10 digit Unique Tax Reference)	
	Please state the reason if no UTR has been entered	
*	Date of Birth	
	Previous address in last 12 months	
	Address Line 1	
	Address Line 2	
	Address Line 3	

	Address Line 4	
	UK Postcode	
	Country	
	If you have provided details of a maximum of the question below	ree Partners, you must answer the
	* Does the partnership have more than 3 partners?	Yes No
Decl	arations	
I dec	clare that	
V	The information shown is complete and correct a false statement is made in this registration, and	and that I may be liable to a penalty if a that any false statement may also lead to prosecution.
V	and I intend to discharge those functions at all t	for of a pension scheme by the Finance Act 2004, simes, whether resident in the United Kingdom A state. I will comply with all information notices hance Act 2004 or the Finance Act 2008. Individual where the scheme is registered the
V	I understand that as scheme administrator I must when they are reasonably required; provide info their own tax obligations and pay any tax charge under part 4 of the Finance Act 2004.	rmation to members to enable them to meet
/	I understand that where HMRC believes that a semake up the scheme administrator of the pension scheme administrator, HMRC may refuse to regist HMRC may de-register a scheme.	cheme administrator, or one of the persons that n scheme, is not a fit and proper person to be a ster a scheme or, if the scheme is already registered,
V	I have a working knowledge of pension scheme	administrator duties and liabilities.
	OR	
The second secon	I don't have a working knowledge of pension sch appointed an adviser who does have that knowle (Complete the details below at *)	

None of the following statements apply and I am otherwise a fit and proper person to be a scheme administrator:		
	behaviour including misrepresentation and I have had a criminal conviction relating to I have been the subject of adverse civil p dishonesty/misconduct;	to finance, corporate bodies or dishonesty; roceedings relating to finance, corporate bodies or with designing and/or marketing tax avoidance or company director or are bankrupt;
*Co	mplete if you have declared that you have appointed a	an adviser:
Pe	nsion Adviser Details - Scheme Administrator	
*]	Indicates required information	
Со	implete information about the Pension Adviser	
*	Pension adviser name	
*	Address Line 1	
*	Address Line 2	
	Address Line 3	
	Address Line 4	
	UK Postcode	
*	Country	
*	Email address	
16	w have provingely registered as a pension	Δ2
sche Pens forn	ou have previously registered as a pension eme administrator on Manage and Register sion Schemes and have an Admin ID with the nat A2NNNNNN (N=number), please provide Admin ID	A2

Once you have completed the form and saved it please either email a copy to pensionschemes@hmrc.gov.uk.

Alternatively you can print and post it to

Pension Schemes Services **HM** Revenue and Customs BX9 1GH United Kingdom

Posted forms should be signed by the administrator (individual or company representative)

Name:

MICHAEL STEPHEN MCGILLICUDDY

Signature:

Sterile reed dy

Capacity in which you are signing this form: SCHEME ADMINISTRATOR