

THE IFGL SSAS NEW EMPLOYER APPLICATION FORM

COMPANY INFORMATION

Company name:

Registered address:

Correspondence address (if different to the above):

Time at current address:

Previous address:

Contact at Company

Name: Tel:

Fax: Email:

Company's registration number:

Date of incorporation:

Has the company been "dormant" within the last 12 months? ☐ Yes ☐ No

Nature of business:

Company's financial year end:

Corporation Unique Tax Reference:

PAYE Tax Reference:

COMPANY INFORMATION (CONTINUED)

Is the company carrying out trade in the UK? ☐ Yes ☐ No

Is the company registered in the UK for tax purposes? ☐ Yes ☐ No

Number of employees:

Is the company registered for VAT? ☐ Yes ☐ No

VAT reference (if applicable):

Name(s) of all Directors

Please complete an additional sheet if necessary. Please state: "See non-member Director information form" if a Director is not to become a member:

1.
2.
3.
4.
5.
6.

Company's Accountant:

Accountant's Address:

- We understand that there will be a charge for this work and any additional work associated with the addition of this employer to the scheme.
- We confirm we are acting in accordance with the Memorandum and Articles of Association of the Company or Partnership Agreement.
- We agree to be bound by the Trust Deed and Rules of the Scheme and as amended from time to time.
- IFGL SSAS Trustees Limited and IFG Pensions Limited have been formally appointed as Professional Trustee and Administrator, respectively, to the scheme.
- We accept the IFG Pensions Limited fees (as amended from time to time) and that they will be invoiced as appropriate.

I confirm that the information provided is accurate to the best of my knowledge and belief. It is provided to IFG Pensions Limited on the understanding that it will be used as part of the ongoing administration of a Small Self-Administered Scheme on our behalf. IFG Pensions Limited will not be held responsible or liable for use of any information within this form that may be proven to be inaccurate in future.

COMPANY INFORMATION (CONTINUED)

Signed on behalf of the Employer:

Signed:

Name:

Position:

Date (dd/mm/yyyy):