

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 What type of Scheme Administrator are you? Individual \checkmark Company or Organisation **Partnership** If you are registering as an individual complete this section: Forename(s) Claire Surname Hamlett-Ledger Address Line 1 10 Wisdom Walk Address Line 2 Sandbach Address Line 3 Address Line 4 * if UK UK Postcode resident CW11 3SA Country United Kingdom **Email address** chamlettledger@gmail.com Telephone Number 07990975402

	*	National Insurance Number (e.g. QQNNNNNNX)	NS066482A
		Self Assessment UTR (10 digit Unique Tax Reference)	3281589601
	*	Date of Birth	06 May1969
		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:
		ormation about the Scheme Administrate	
	e info		
Complete	e info	ormation about the Scheme Administrato	
Complete	e info Con Ado	ormation about the Scheme Administrato	
Complete * *	Con Ado	ormation about the Scheme Administrate Inpany or Organisation name Iress Line 1	
Complete * *	Con Add Add	ormation about the Scheme Administrate Inpany or Organisation name Iress Line 1 Iress Line 2	
Complete * *	e info Con Ado Ado Ado	ormation about the Scheme Administrate Inpany or Organisation name Iress Line 1 Iress Line 2 Iress Line 3	
Complete * * * * *	e info Con Ado Ado Ado UK	ormation about the Scheme Administrate inpany or Organisation name liress Line 1 liress Line 2 liress Line 3 liress Line 4	
* * * * * * * * * * * * *	e info Con Ado Ado Ado UK	ormation about the Scheme Administrate inpany or Organisation name liress Line 1 liress Line 2 liress Line 3 liress Line 4 Postcode	

National Insurance Number (e.g.

	Previo	ous address in last 12 months	
	Addre	ss Line 1	
	Addre	ss Line 2	
	Addre	ss Line 3	
	Addre	ss Line 4	
	UK Po	ostcode	
	Count	ry	
*		any Reference Number (CRN) ts OR 8 digits prefixed by 2 alphabetic cters)	
	Please	e state the reason if no CRN has been ed	
		Registration Number BB999 9999 73)	
		Reference (3 digits followed by a re of numbers and or letters)	
Pleas	se provi	ide details of the Directors: You can provi	de details of up to 3 Directors here
Dire 1	ector		
		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	
*	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 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 ha below	ve provided details of a maximum of t	hree Directors, you must answer the question
*	Does the Company or Organisation have more than 3 Directors?	Yes No
If you are r	egistering as a Partnership complete this s	section:
*	Partnership name	
*	Address Line 1	
*	Address Line 2	
	Address Line 3	
	Address Line 4	
* if UK resident	UK Postcode	
*	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	
	<u>VAT Registration</u> Number (e.g. e.g. GB999 9999 73)	
	PAYE Reference (3 digits followed by a mixture of numbers and or letters)	
Please pro	vide details of the Partners: You can provid	e details of up to 3 Partners here
Partner 1	Title	
	TITLE	
*	First name(s)	
*	First name(s)	
*	First name(s) Surname	
*	Surname	
*	Surname Residential Address Line 1	
*	Surname Residential Address Line 1 Residential Address Line 2	
*	Surname Residential Address Line 1 Residential Address Line 2 Residential Address Line 3	

*	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. 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	

	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)	
	Di isang ang ang ang ang ang ang ang ang ang	
	Please state the reason if no NI NO has been entered	
	Colf Assessment LITD (10 digit Unique	
*	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	
	AGGIOGO EITIO E	
	Address Line 3	

	Address Line 4		
	UK Postcode		
	Country		
	If you have provided details of a maximum of the question below	nree Partners, you must answer the	
	* Does the partnership have more than 3 partners?	Yes No	
Decl	arations		
I dec	lare that		
√	The information shown is complete and correct 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.	
✓	I understand that as a scheme administrator I am responsible for discharging the functions conferred or imposed on the scheme administrator of a pension scheme by the Finance Act 2004, and I intend to discharge those functions at all times, whether resident in the United Kingdom or another EU member state or non-member EEA state. I will comply with all information notices issued to the scheme administrator under the Finance Act 2004 or the Finance Act 2008. I understand that I may be liable to a penalty and where the scheme is registered the pension scheme may be de-registered if I fail to discharge those functions properly.		
√	I understand that as scheme administrator I mu when they are reasonably required; provide info their own tax obligations and pay any tax charg- under part 4 of the Finance Act 2004.	ormation to members to enable them to meet	
✓	make up the scheme administrator of the pension	scheme administrator, or one of the persons that on scheme, is not a fit and proper person to be a ster a scheme or, if the scheme is already registered,	
✓	I have a working knowledge of pension scheme	administrator duties and liabilities.	
	OR		
	I don't have a working knowledge of pension so appointed an adviser who does have that knowl		

✓

None of the following statements apply and I am otherwise a fit and proper person to be a scheme administrator:

- I have been involved in tax fraud, abuse of tax repayment systems or other fraudulent behaviour including misrepresentation and/or identity theft;
- I have had a criminal conviction relating to finance, corporate bodies or dishonesty;
- I have been the subject of adverse civil proceedings relating to finance, corporate bodies or dishonesty/misconduct;
- I have participated in or been connected with designing and/or marketing tax avoidance or pensions liberation schemes;
- I have been disqualified from acting as a company director or are bankrupt;
- I have been disqualified from acting as a pension scheme trustee.

Pension Adviser Details - Scheme Administrator

* Indicates required information

Complete information about the Pension Adviser

Pension Schemes and have an Admin ID with the format A2NNNNN (N=number), please provide

that Admin ID

complete information about the Ferision Naviser			
*	Pension adviser name		
*	Address Line 1		
*	Address Line 2		
	Address Line 3		
	Address Line 4		
	UK Postcode		
*	Country		
*	Email address		
f you have previously registered as a pension		A2	

^{*}Complete if you have declared that you have appointed an adviser:

Once you have completed the form and saved it please either email a copy to $\underline{\text{pensionschemes}\,@\,\text{hmrc.gov.uk}}\;.$

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 administ	rator (individual or company representative)
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Name:	Claire Hamlett-Ledger		
Signature:		-	
- G			
Capacity in wh	ich you are signing this form:	Scheme Trustee and Administrator	