

Telephone Number

## **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? Х Yes No What type of Scheme Administrator are you? <u>Individual</u> Х **Company or Organisation Partnership** If you are registering as an individual complete this section: Forename(s) Samuel James Surname Hoban Address Line 1 4 Belvoir Road Address Line 2 Dulwich Address Line 3 Address Line 4 \* if UK UK Postcode resident SE22 0QY Country **United Kingdom** Email address samhoban@gmail.com

07879656655

	*	QQNNNNNX)	JG870420A
		Self Assessment UTR (10 digit Unique Tax Reference)	
	*	Date of Birth	18/10/1978
		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 of	complete this section:
		e registering as a Company or Organisation of Company of Company or Organisation of Company of	
	e info		
Complete	e info	ormation about the Scheme Administrate	
Complete*	e info Cor Ado	ormation about the Scheme Administrate mpany or Organisation name	
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Complete  *  *  *  *  *	e info Cor Ado Ado Ado UK	ormation about the Scheme Administrate mpany or Organisation name dress Line 1 dress Line 2 dress Line 3 dress Line 4	
*  *  *  *  *  *  *  *  *  *  *  *  *	e info Cor Ado Ado UK Cor	ormation about the Scheme Administrate impany or Organisation name dress Line 1 dress Line 2 dress Line 3 dress 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	stcode	
	Count	ry	
*		any Reference Number (CRN) ts OR 8 digits prefixed by 2 alphabetic eters)	
	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	de 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	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	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 provide	e details of up to 3 Partners here
	·	'
Partner	1	· 
	1	
Partner :	1 Title	
Partner :	1 Title	
Partner :	1 Title First name(s)	
Partner:	1 Title First name(s) Surname	
Partner :	Title First name(s)  Surname Residential Address Line 1	
Partner :	Title First name(s)  Surname Residential Address Line 1 Residential Address Line 2	
Partner :	Title  First name(s)  Surname  Residential Address Line 1  Residential Address Line 2  Residential Address Line 3	

*	Email address	
*	Telephone Number	
*	National Insurance Number (e.g.	
•	QQNNNNNX)	
	Please state the reason if no NI NO	
	has been entered	
	nas seen 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	
	1116 5 1 1	
	UK Postcode	
	Constant	
	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)	
	Company	
*	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)	
	rux reference)	
	Please state the reason if no UTR has been entered	
	Date of Birth	
*	Date of biltii	
	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  * Does the partnership have more than 3 partners?	ree Partners, you must answer the		
Decl	arations			
I dec	lare that			
х	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.		
х	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.			
х	I understand that as scheme administrator I mu 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		
Х	make up the scheme administrator of the pension	cheme 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	hanna a dinatatahan kan di seta a and Palatibura. Tibar		
v	I don't have a working knowledge of pension so appointed an adviser who does have that knowledge the details below at *)			

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

- 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 adviser name	Nigel Hoban
*	Address Line 1	5 Barn Court Road
*	Address Line 2	Totnes
	Address Line 3	Devon
	Address Line 4	
	UK Postcode	TQ9 6GS
*	Country	United Kingdom
*	Email address	nigelhoban@outlook.com

If you have previously registered as a pension scheme administrator on Manage and Register Pension Schemes and have an Admin ID with the format A2NNNNN (N=number), please provide that Admin ID

A2 003744

<sup>\*</sup>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 <a href="mailto:pensionschemes@hmrc.gov.uk">pensionschemes@hmrc.gov.uk</a>.

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)

Posted forms should be signed by the administrator (individual or company representati				
Name:	Samuel James Hoban			
Signature:	gnature:			
Capacity in which you are signing this form:		Scheme Trustee and Administrator		