

SET UP QUESTIONNAIRE

Name of Scheme

MAYFAIR ESTATES PROPERTY INVESTMENT LIMITED SSAS.

Name of Company/Employer creating the Scheme

MAYFAIR ESTATES PROPERTY INVESTMENT LIMITED

Serving Address for Pension Correspondence

THE ATRIUM

149 PORTSMOUTH ROAD

MORNDEN

WATERLOOVILLE

PO8 9LG

Telephone Number

02392 594297

Contact Name

BOB LEVIN

Email Address

bob.levin@talk21.com

Name of Accountant

BAYLISS WARE CHARTERED ACCOUNTANTS

Address

9 STRATFIELD PARK

ELETTRA AVENUE

WATERLOOVILLE

PO7 7XN

Telephone Number

02392 799 744

Contact Name

PERRY BAYLISS.

Name of Financial Advisor

INDEPENDENT FINANCIAL SERVICES + WEALTH
MANAGEMENT

Address

3 THE OAKWOOD CENTRE

DOWNLEY ROAD

HAVANT

PO9 2NP

Telephone Number

02392 470643

Contact Name

BRADLEY WHELAN

Trustees

Name of Trustee 1

ROBERT DANIEL LEVIN

Date of Birth

16-12-53

Proposed Retirement Date

16-12-2028

National Insurance Number

YW194055A

Home Address

THE ATRIUM

149 PORTSMOUTH ROAD

MORDEAN, WATERLOOVILLE
PO8 9LG

Is this Trustee also a Member

Y/N

Name of Trustee 2

Date of Birth

Proposed Retirement Date

National Insurance Number

Home Address

Is this Trustee also a Member

Y/N

Name of Trustee 3

Date of Birth

Proposed Retirement Date

National Insurance Number

Home Address

Is this Trustee also a Member

Y/N

Name of Trustee 4

Date of Birth

Proposed Retirement Date

National Insurance Number

Home Address

Is this Trustee also a Member

Y/N

Name of Trustee 5

Date of Birth

Proposed Retirement Date

National Insurance Number

Home Address

Is this Trustee also a Member

Y/N

Register with Pensions Regulator

Y/N (Pension Practitioner .Com to complete)

Administration Team Requirements

Please return this form to:

info@pensionpractitioner.com

Alternatively, post this form to:

Pension Practitioner .Com Limited

Daws House

33-35 Daws Lane

London

NW7 4SD

Signed:


ROBERT LEVIN


ANGELA LEVIN

Date:

30/9/11

30/9/11.