

# Pension Practitioner

## SET UP QUESTIONNAIRE

Name of Scheme:

P & P CARE HOMES RETIREMENT BENEFIT SCHEME

Name of Company/Employer  
creating the Scheme:

P & P CARE HOMES LIMITED

Serving Address for Scheme  
Correspondence:

9, PENINSULA ROAD,

GROUCESTER GL4 6UE

Telephone Number:

Contact Name:

MRS S. FORAN / MISS D BAYLISS

Email Address:

**Please provide details of your  
Company/Business's accountant**

Name of Accountant:

COLLIERWOOD ASSOCIATES

Address:

17 BRIDGEMAN SQUARE

GROUCESTER GL1 1UG

Telephone Number:

01452 505767

Contact Name:

1 COLLINGWOOD

**Please provide details of your  
Financial Advisor**

Name of Financial Advisor:

Address:

Telephone Number:

Contact Name:

**Trustees**

Name of Trustee 1:

MRS SHARON ANNE FOLAN

Date of Birth:

07/01/1965

National Insurance Number:

NE 68 04 43 B

Home Address:

229, Brista Road,

QUICKLEY,

GRACESTON GR2 4BW.

Is this Trustee also a Member?

Y/N

Name of Trustee 2:

MISS DEBORAH MARY BAYLISS

Date of Birth:

15/06/66

National Insurance Number:

NN 03 69 67 C

Home Address:

13 SIMS LANE,

QUEENSTON,

GLoucester GL2 3NJ

Is this Trustee also a Member?

(Y)N

Name of Trustee 3:

Date of Birth:

National Insurance Number:

Home Address:

Is this Trustee also a Member?

Y/N

Name of Trustee 4:

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Date of Birth:

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National Insurance Number:

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Home Address:

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Is this Trustee also a Member?

Y/N

Name of Trustee 5:

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Date of Birth:

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National Insurance Number:

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Home Address:

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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

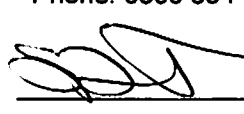
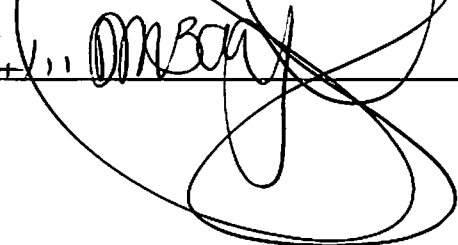
Alternatively, post this form to:

Pension Practitioner .Com Limited  
Daws House  
33-35 Daws Lane  
London  
NW7 4SD

Fax: 020 8711 2522  
Phone: 0800 634 4862

Signed:

Date:

  
\_\_\_\_\_  
27/4/11   
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