

SET UP QUESTIONNAIRE

Name of Scheme:

PRN Medical Transcription Pension
- Fund

Name of Company/Employer
creating the Scheme:

PRN Medical Transcription Limited

Serving Address for Scheme
Correspondence:

99 Wells Road

Malvern

WR14 4PB

Telephone Number:

01684 568 680

Contact Name:

David J. Bijl

Email Address:

david@prn-mt.com

Please provide details of your
Company/Business's accountant

Name of Accountant:

Annette Collett

Address:

Collett Accountancy Limited

Whistlewood

Sinton Green nr. Worcester

WR2 6NW

Telephone Number:

01905 641 253

Contact Name:

Annette Collett

Please provide details of your
Financial Advisor

Name of Financial Advisor:

~~Fin~~ Walter Financial Planning

Address:

55a High Street

Bridgnorth

Shropshire WV16 4DX

Telephone Number:

01746 765 606

Contact Name:

Tim Walter

Trustees

Name of Trustee 1:

David James Bijl

Date of Birth:

15-11-1962

National Insurance Number:

NR56 59 46 D

Home Address:

4 Highfield Road

Malvern B

WR14 1HS

Is this Trustee also a Member?

☒ Y/N

Name of Trustee 2:

EVELYN ~~HALL~~ MARGARET HALL

Date of Birth:

18/07/55

National Insurance Number:

Y2 57 96 69 B

Home Address:

99 WELLS ROAD

MALVERN

WORCESTERSHIRE WR14 4PB

Is this Trustee also a Member?

☒ Y/N

Name of Trustee 3:

JAN PATRICIA STAFFORD

Date of Birth:

15/06/1955

National Insurance Number:

Y2 66 64 32 C

Home Address:

SOUTHVIEW BARN

SINTON GREEN

WORCESTER WR2 6NW

Is this Trustee also a Member?

☒ Y/N

Name of Trustee 4:

Date of Birth:

National Insurance Number:

Home Address:

Is this Trustee also a Member?

Y/N

Name of Trustee 5:

Date of Birth:

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

Fax: 020 8711 2522
Phone: 0800 634 4862

Signed: _____

Date: _____