New SSAS - Principal Employer Form

Scheme Name:	THE FIREWATER SCHEME
Mary or style	
Principal Employer Name:	WICKENBUKG LTO
Registration Number:	50405955
VAT Number:	132507738
PAYE Ref:	120/LA69896
Corporation Tax Ref:	5808014611 ST/FFT
Registered Address:	GLASGOW G2 3HW
Trading Address:	341 SAUCHIEHAU STREET GLASGOW G23HW
Nature of the Business:	BAR /CLUB
Number of Employees:	50 CENERAL MANAGE
Contact Name / Position:	LISA MACOONALD GENERAL MANACI
Contact Telephone / Email:	

Please provide the details of <u>ALL</u> Directors/Partners of the Principal Employer below (this information is required by HMRC when submitting the Scheme's application for registration):

1 st Director/Partner Name:	PATRICIC JOSEPH HYNES
Date of Birth:	24 08 1961
NI Number:	WM2102048
Unique Tax Reference (UTR):	7363664955
Residential Address:	4/1 175 FINNESTON STREET GLASGOW G3 8HD
Telephone / Email:	07947592080 pathynes 7@hatmail.co.u

New SSAS - Principal Employer Form

2 nd Director/Partner Name:	PATRICK NATHAN HYWES	
Date of Birth:	08 10 1992	
NI Number:	JX01050ZC	
Unique Tax Reference (UTR):	2.22 - 1 = 207	
The state of the s	2/1 33 DALINTOBER STREET	
Residential Address:	GLASGOW	
Residential Address:	95 8J2	
Telephone / Email:	07765 288127 prhynes logmail.c	
3 rd Director/Partner Name:	And the second s	
Date of Birth:		
NI Number:		
Unique Tax Reference (UTR):		
Residential Address:		
Telephone / Email:		
4 th Director/Partner Name:		
Date of Birth:		
NI Number:		
Unique Tax Reference (UTR):	VERMIT OF	
Residential Address:		
Telephone / Email:		

^{*}Please copy this page where there are more than 4 Company Directors or Partners*

New SSAS - Principal Employer Form

If you wish to formally adhere additional Participating Sponsoring Employers to the Scheme, then please enter their details bellow

(this information is required by HMRC when submitting the Scheme's application for registration):

Participating Employer Name:	
Registration Number:	print supprise the
VAT Number:	
PAYE Ref:	
Corporation Tax Ref:	
Pagistored Address	
Registered Address:	
Trading Address:	
Nature of the Business:	
Number of Employees:	
Contact Name / Position:	and the second s
Contact Telephone / Email:	

1st Director/Partner Name:	
Date of Birth:	
NI Number:	
Unique Tax Reference (UTR):	
Residential Address:	
Telephone / Email:	Car The Septim Christian Care a St.

New SSAS - Principal Employer Form 2nd Director/Partner Name: NI Number: Unique Tax Reference (UTR): Residential Address: Telephone / Email: 3rd Director/Partner Name: Date of Birth: NI Number: Unique Tax Reference (UTR): Residential Address: Telephone / Email: 4th Director/Partner Name: Date of Birth: NI Number: Unique Tax Reference (UTR): Residential Address: Telephone / Email:

Please copy this and the previous page where there are more than 1 Participating Sponsoring Employers, or more than 4 Directors or Partners of the Participating Sponsoring Employer

- Frincipal Employer Form

ease indicate how will the SSAS be fun Intended Contributions:	the field 12 months?	-
Expected Pension Transfers:		:me")
Approximate SSAS Value 12 months fr		
value 12 months fr	Om now:	
low will the SSAS' funds be invested?		
Will the SSAS be investing in Commerc	ial Property or Land?	
If yes, then please provide a brief summary:		
1.		
		rail.co
Will the SSAS be making any Loans?		ne SSAS.
		J6 2282
The state of the s		necessary
If yes, then please provide a brief summary:		
If yes, then please provide a brief		
If yes, then please provide a brief		
If yes, then please provide a brief summary:		
If yes, then please provide a brief	securities?	
If yes, then please provide a brief summary: Will the SSAS be investing in Listed S	securities?	
If yes, then please provide a brief summary:	securities?	
If yes, then please provide a brief summary: Will the SSAS be investing in Listed S If yes, then please provide a brief	securities?	
If yes, then please provide a brief summary: Will the SSAS be investing in Listed S If yes, then please provide a brief	securities?	
If yes, then please provide a brief summary: Will the SSAS be investing in Listed S If yes, then please provide a brief summary:		
If yes, then please provide a brief summary: Will the SSAS be investing in Listed S If yes, then please provide a brief summary:	Securities? SSAS be investing in anything else (e.g. Gold)?	necessary
If yes, then please provide a brief summary: Will the SSAS be investing in Listed S If yes, then please provide a brief summary:		necessary

	THE FREWATER SCHO	ME (the scheme
Member / Trustee Name:	PATRICK NATHAN 1	HYNES
Date of Birth:	08 10 1992	
NI Number:		
Unique Tax Reference (U)	TR): 2132845882	
Marine Street & South	2/133 DALINTORFE.	STREET
Residential Address:	GLASGON	
	G5 85Z	
	JX010502C	
Telephone / Email:	07965 288127 pnhu	was 10 amail.
Plan Number:		
Plan Number:		
Plan Number: Policy Number:		
Plan Number: Policy Number:	S:	
Plan Number: Policy Number: Scheme Name:	5:	
Plan Number: Policy Number: Scheme Name: Provider Name & Address		
Policy Number: Scheme Name:		
Plan Number: Policy Number: Scheme Name: Provider Name & Address Estimated Transfer Value		
Plan Number: Policy Number: Scheme Name: Provider Name & Address Estimated Transfer Value		Value
Plan Number: Policy Number: Scheme Name: Provider Name & Address Estimated Transfer Value	rn below of any assets to transfer in-specie.	Value
Plan Number: Policy Number: Scheme Name: Provider Name & Address Estimated Transfer Value	rn below of any assets to transfer in-specie.	Value
Plan Number: Policy Number: Scheme Name: Provider Name & Address Estimated Transfer Value	rn below of any assets to transfer in-specie.	Value

Plan Number:		
Policy Number:	467	
Scheme Name:		
Provider Name & Address:		
Estimated Transfer Value:		

Please provide a breakdown below of any assets to transfer in-specie.

Asset Type	Asset Name	Value

3.

Policy Number:	
Scheme Name:	
Provider Name & Address:	
Estimated Transfer Value:	

Please provide a breakdown below of any assets to transfer in-specie.

Asset Type	Asset Name	Value

Plan Number:		Name and the second
Policy Number:		
Scheme Name:		
Provider Name & Address:		
Estimated Transfer Value:		
lease provide a breakdown below o	of any assets to transfer in-specie.	
	Asset Name	Value
Asset Type		
	AND AND THE STATE OF THE STATE	
Policy Number:		
Policy Number:		
Policy Number: Scheme Name:		
Policy Number: Scheme Name:		
Policy Number: Scheme Name:		
Policy Number: Scheme Name: Provider Name & Address:		
Policy Number: Scheme Name: Provider Name & Address: Estimated Transfer Value:		
Policy Number: Scheme Name: Provider Name & Address: Estimated Transfer Value:	f any assets to transfer in-specie.	
Policy Number: Scheme Name: Provider Name & Address: Estimated Transfer Value: lease provide a breakdown below of Asset Type	f any assets to transfer in-specie. Asset Name	Value
Policy Number: Scheme Name: Provider Name & Address: Estimated Transfer Value:		Value
Policy Number: Scheme Name: Provider Name & Address: Estimated Transfer Value:		Value

Expression of Wish

I understand that due to the nature of the Scheme and upon my death, any residual benefits held within the Scheme that are attributable to me, will be distributed to my beneficiaries at the sole discretion of the remaining trustees of the Scheme and as such, the Expression of Wish that I provide cannot be a legally binding document, but will be taken into consideration.

In the event of my death, I wish for the Trustees to distribute my remaining fund to the following Individuals,

Charities or Trusts.	
Name:	
Relationship to Me:	
Address:	
Percentage:	
Name:	
Relationship to Me:	
Address:	
Percentage:	
Name:	
Relationship to Me:	
Address:	
Percentage:	

^{*}To nominate more than 3 beneficiaries, please copy this page*

Declaration	Yes / N
A balaro that:	et YES
I declare that: To the best of my knowledge and belief, the details I have provided on this form are correct and complete. I consent to the lawful use of my personal information by those individuals, companies and other relevant parties, for the sole purpose of the administration and management of the other relevant parties, for the sole purpose of the administration and management.	yES
other relevant person	YES
I wish to accept my invitation to join the Scheme.	
Scheme, as defined in the	YES
I understand that as a Trustee of the Scheme I may, the land of the Scheme I may, the land of the land	YES
I have not been removed or forbidden from acting as a second seco	YES
am not an undischarged bankrupt. (please answer Yes, if not)	YES
	YES
I undertake to inform you in writing immediately if: I change my permanent residential address; or I change my residency status; or I am made bankrupt	

Vlember's / Trustee's Signature:		
Date:		

Date of Birth: NI Number: Unique Tax Reference (UTR): Residential Address:	GLASQOW G3 8HD 07947 592080	NESTON STREET Pathynest@hotm
Date of Birth: NI Number: Unique Tax Reference (UTR): Residential Address: Telephone / Email: or Members, please provide detail: t would speed the process up if y	24 08 1961 WM210204B 7363664955 4 1 175 FIN GLASGOW G3 8HD 07947592080	NESTON STREET Pathynest@hotm
Date of Birth: NI Number: Unique Tax Reference (UTR): Residential Address: Telephone / Email: or Members, please provide detail: t would speed the process up if y	24 08 1961 WM210204B 7363664955 4 1 175 FIN GLASGOW G3 8HD 07947592080	NESTON STREET Pathynest@hotm
Date of Birth: NI Number: Unique Tax Reference (UTR): Residential Address: Telephone / Email: or Members, please provide detail t would speed the process up if y	WM210204B 7363664955 4/1 175 FIN GLASGOW G3 8HD	pathynes7@hotm
NI Number: Unique Tax Reference (UTR): Residential Address: Telephone / Email: or Members, please provide detail: t would speed the process up if y	7363664955 4/1 175 FIN GLASGOW G3 8HD 07947592080	pathynes7@hotm
Residential Address: Telephone / Email: or Members, please provide detail twould speed the process up if y	4/1 175 FIN GLASGOW G3 8HD 07947 592080	pathynes7@hotm
Residential Address: Telephone / Email: or Members, please provide detail twould speed the process up if y	GLASQOW G3 8HD 07947 592080	pathynes7@hotm
or Members, please provide detail t would speed the process up if y		ent you wish to transfer into the SSAS.
or Members, please provide detail t would speed the process up if y		nat you wish to transfer into the SSAS.
Plan Number:		
Policy Number:		
Scheme Name:		
Provider Name & Address:		
Estimated Transfer Value:		
ease provide a breakdown below o	f any assets to transfer in-specie.	
Asset Type	Asset Name	Value
	190 × 1970 E	1.0

	The state of the s
Plan Number:	
Policy Number:	
Scheme Name:	
Provider Name & Address:	
Estimated Transfer Value:	Att. The Application of the Control

Please provide a breakdown below of any assets to transfer in-specie.

Asset Type	Asset Name	Value

3.

Policy Number:	
Scheme Name:	
Provider Name & Address:	
Estimated Transfer Value:	

Please provide a breakdown below of any assets to transfer in-specie.

Asset Type	Asset Name	Value
A Charles		
The second second		

Expression of Wish

I understand that due to the nature of the Scheme and upon my death, any residual benefits held within the Scheme that are attributable to me, will be distributed to my beneficiaries at the sole discretion of the remaining trustees of the Scheme and as such, the Expression of Wish that I provide cannot be a legally binding document, but will be taken into consideration.

In the event of my death, I wish for the Trustees to distribute my remaining fund to the following Individuals, Charities or Trusts.

Name:	
Relationship to Me:	
Address:	
Percentage:	
Name:	
Relationship to Me:	
Address:	and the second s
Percentage:	
Name:	
Relationship to Me:	
Address:	
ercentage:	

To nominate more than 3 beneficiaries, please copy this page

Declaration

	Yes / No
declare that: To the best of my knowledge and belief, the details I have provided on this form are correct	YES
on the best of my knowledge and beller, the details and complete. consent to the lawful use of my personal information by those individuals, companies and consent to the lawful use of my personal information by those individuals, companies and consent to the lawful use of the sole purpose of the administration and management of the other relevant parties, for the sole purpose of the administration and management of the	1 = 0
other relevant parties, for the easy. Scheme.	YES
I wish to accept my invitation to join the Scheme.	
I wish to accept my invitation to join the scheme and agree to be bound by the rules of the I wish to be appointed as a Trustee of the Scheme and Scheme Rules. Scheme, as defined in the current governing Trust Deed and Scheme Rules.	V/50
I understand that as a Trustee of the Scheme I may, through the course of the Scheme I may, through the Scheme I may th	
I have not been removed or forbidden from acting as a Trustee by either, the removed	YES
Regulator or a Court of Law. I am not an undischarged bankrupt. (please answer Yes, if not)	YES
	YES
I have the ability to contract.	YES
Undertake to inform you in writing immediately if: I change my permanent residential address; or	
I change my residency status; or I am made bankrupt	

Member's / Trustee's Signature:	
Date:	

14

Scheme Name:	THE FIREWATER	SCHEME	(the "Scheme")
Member / Trustee Name:	USA YOUNG	MACRON	AUD
Date of Birth:	08/06/1983		
NI Number:	JM747876	A	
Unique Tax Reference (UTR)	: 1724254510		
	150 PARKHILL	DRIVE	
Residential Address:	RUTHERGLEN		
	alasaaw		
	973 2PL		
Telephone / Email:	07841160262	lisaymacolo	mid@action
ransfer Discharge Forms			
It would speed the process Fransfer Discharge Forms L. Plan Number:			
ransfer Discharge Forms}			
Transfer Discharge Forms L. Plan Number:			
Cransfer Discharge Forms L. Plan Number: Policy Number:			
Plan Number: Policy Number: Scheme Name:			
Plan Number: Policy Number: Scheme Name: Provider Name & Address: Estimated Transfer Value:	pelow of any assets to transfer in-spe	ecie.	
Plan Number: Policy Number: Scheme Name: Provider Name & Address: Estimated Transfer Value:	pelow of any assets to transfer in-spe	ecie.	Value
Iransfer Discharge Forms L. Plan Number: Policy Number: Scheme Name: Provider Name & Address: Estimated Transfer Value: Please provide a breakdown by	was and select a selection	ecie.	Value
Iransfer Discharge Forms L. Plan Number: Policy Number: Scheme Name: Provider Name & Address: Estimated Transfer Value: Please provide a breakdown by	was and select a selection	ecie.	Value
Please provide a breakdown be	was and select a selection	ecie.	Value

Plan Number:	
Policy Number:	
Scheme Name:	
Provider Name & Address:	
Estimated Transfer Value:	
Please provide a breakdown to	elow of any assets to transfer in-specie.

Asset Type	Asset Name	
	ASSEC NAME	Value
	The second secon	
	gride to the beauty of the latest and the second	
The state of the s		

Policy Number:	
Scheme Name:	
Provider Name & Address:	
Estimated Transfer Value:	

Please provide a breakdown below of any assets to transfer in-specie.

Asset Type	Asset Name	Value
Marie Committee of the Control of th		

Expression of Wish

I understand that due to the nature of the Scheme and upon my death, any residual benefits held within the Scheme that are attributable to me, will be distributed to my beneficiaries at the sole discretion of the remaining trustees of the Scheme and as such, the Expression of Wish that I provide cannot be a legally binding document, but will be taken into consideration.

In the event of my death, I wish for the Trustees to distribute my remaining fund to the following Individuals, Charities or Trusts.

ame:	
elationship to Me:	
Address:	
dui ess.	
Percentage:	
Name:	
Relationship to Me:	
Address:	
Percentage:	
Name:	
Relationship to Me:	
Address:	
Percentage:	

To nominate more than 3 beneficiaries, please copy this page

Declaration

declare that:	Yes / No
o the best of my knowledge and belief, the details I have provided on this form are correct and complete.	YES
consent to the lawful use of my personal information by those individuals, companies and other relevant parties, for the sole purpose of the administration and management of the Scheme.	1
I wish to accept my invitation to join the Scheme.	YES
I wish to be appointed as a Trustee of the Scheme and agree to be bound by the rules of the Scheme, as defined in the current governing Trust Deed and Scheme Rules.	
I understand that as a Trustee of the Scheme I may, through the course of my duties, handle other parties' personal information and I agree to do so lawfully.	YES
I have not been removed or forbidden from acting as a Trustee by either; The Pensions Regulator or a Court of Law.	YES
I am not an undischarged bankrupt. (please answer Yes, if not)	YES
I have the ability to contract.	YES
I undertake to inform you in writing immediately if: - I change my permanent residential address; or - I change my residency status; or - I am made bankrupt	YES

Member's / Trustee's Signature:	
Date:	