

### SSAS Set up questionnaire

Telephone: 0800 634 4862 Fax: 020 8711 2522 Email: info@pensionpractitioner.com

Name of Scheme TITAN FUNDING TRUSTEE SCHEME

Name of Company/

Employer creating the Scheme

Serving Address for Pension Correspondence AN TONOTHE TRUSTEE JEHEME

TITAN FUNDING LTD.

3 MANOR GARDENS

SHINDON

HILTS

SNZ ZND

Telephone Number

07507 755364.

Contact Name

PAUL DAVEY.

**Email Address** 

Paul Dupproperties, w.uk

#### Accountant Details

Name of the Company Donnis & Turngaul

Contact Name

EMMA MANNING

Telephone Number

01793 741600

Email Address

office 2 dennisand turnball . com

Address

SWATTON BARN

BADBURY

MODINI

SNY DEU.

#### Financial Advisor Details

Name of the Company JAN INVESTMENT MARKETING

Contact Name

ROBERET HOLMES

Telephone Number

01793 611126/07807879823

**Email Address** 

ROBERT (a) SAN-CASH-CO-UK

Address

IOS VICTORIA ROAD

Swinson

SNI 3BD



# 2 SSAS Set up questionnaire

Telephone: 0800 634 4862 Fax: 020 8711 2522 Email: info@pensionpractitioner.com

Trustees	
Trustee 1 Title (Mr. Miss, Mrs)	Forename(s) CAROL
Surname FOOTE	Date of Birth (6/11/55
Proposed Retirement Date	National Insurance Number 44677344B
Home Address 9 PENTRE	NICKLAUS VILLAGE
LLANELLI	CARMS, SAIS 2DE
Is this Trustee also a Member?	✓ Yes  No
Trustee 2 Title (Mr, Miss, Mrs) ML	Forename(s) Propri
Surname FOOTE	Date of Birth (2/06/82
Proposed Retirement Date	National Insurance Number
Home Address 9, PENTRE	E NICULAUS
CLANE	E NICHLAUS LU, SAIS 200
Is this Trustee also a Member?	Yes Vo
Please return this form to:	
info@pensionpractitioner.com	
Alternatively, post this form to: Pension Practitioner .Com	
Daws House 33-35 Daws Lane	
London NW7 4SD	
Signed CADTO	
Date	



## 3 SSAS Set up questionnaire

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Trustee 4 Title (Mr, Miss, Mrs)	Forename(s) PAUL MICHAEL
Surname DAVEY	Date of Birth 25-02-1968
Proposed Retirement Date	National Insurance Number NP 80 93 4513
Home Address 3 Manor G	
Swingon	
WILTSHIRE	
SN2 2ND	
Is this Trustee also a Member?	Yes No
Trustee 5 Title (Mr, Miss, Mrs)	Forename(s)
Surname	Date of Birth
Proposed Retirement Date  Home Address	National Insurance Number
Is this Trustee also a Member?	Yes No
lease return this form to: fo@pensionpractitioner.com	
Iternatively, post this form to: ension Practitioner .Com aws House 3-35 Daws Lane ondon NW7 4SD	
SHOOL HIT TOD	
Signed C	