

SSAS Set Up Questionnaire

Name of Scheme Provider _____

Address _____

Telephone Number _____

Nature of Business _____

Tax Status _____

Name of Accountant (if applicable) _____

Contact Name/Address _____

Name of Member Trustees	Date of Birth	Retirement Date	NI Number	UTR Number

Principal Contact for the scheme

Address

Telephone Number

Email address

Scheme Administrator _____

Financial Advisor _____

Contact Name _____

Address _____

Telephone Number _____

Name of Scheme _____

The information provided on this form is correct to the best of our knowledge

Signature

Name

Position

Date