



**SSAS**

INSTALLATION QUESTIONNAIRE -  
ADDITIONAL INFORMATION

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### INSTALLATION QUESTIONNAIRE - ADDITIONAL INFORMATION

**Additional information required to register Scheme with HMRC.**

HM Revenue & Customs (HMRC) require the additional information requested below to enable the Scheme to be registered. Please note these are the current requirements for HMRC registration and are subject to change.

The information captured on this form will be used by Rowanmoor to pass on to HMRC for the purposes of registering the Scheme. Personal information for directors of the employer, who are not members of the Scheme will be destroyed once registration has been confirmed and it will not be used for any other purpose. Other information supplied will be held in the strictest confidence and subject to the provisions of Data Protection Legislation. Please refer to the Privacy Notice for more information.

Please complete the Installation Questionnaire in full using BLOCK CAPITALS and dark ink.

#### 1. EMPLOYER DETAILS

Name of Scheme:

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Number of Members:

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Please confirm the number of employees currently employed by the principal employer and any proposed additional participating employer.

Principal Employer:

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Participating Employer:

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Is the principal employer or any proposed additional participating employer registered for VAT?  Yes  No

If yes, please provide the VAT reference for the principal and any proposed additional participating employer.

Principal Employer:

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Participating Employer:

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If the principal employer or any proposed additional participating employer has been at the address detailed on the Installation Questionnaire for less than 12 months, please provide the previous address:

Address:

Postcode:

Has the principal employer or any proposed additional participating employer been dormant for any period during the last 12 months?  Yes  No

If yes, please provide details.

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## 2. COMPANY DIRECTORS

Please complete the following information for all directors of the principal and any proposed additional participating employer. Please photocopy this page and complete for additional directors as required.

Forename(s): \_\_\_\_\_ Surname: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Postcode: \_\_\_\_\_

If resident at the above address for less than 12 months, please provide the previous address:

Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Postcode: \_\_\_\_\_

National Insurance Number: | | | | | | | | | |

Unique Taxpayer Reference: | | | | | | | | | | | | | | | | | |

Date of Birth: | D | D | M | M | Y | Y | Y | Y |

If the Director does not have a Unique Taxpayer Reference number please confirm the reason:

\_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

### 3. SCHEME MEMBERS

If any member has resided at the address detailed on the member questionnaire for less than 12 months, please provide the previous address. Please photocopy this page and complete for additional members as required.

Forename(s): \_\_\_\_\_ Surname: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_


Forename(s): \_\_\_\_\_ Surname: \_\_\_\_\_


Address: \_\_\_\_\_


Postcode: \_\_\_\_\_



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