



**SSAS Practitioner.com**  
**The SSAS Specialist**

Lowering Fees, Enhancing Retirement

## SMALL SELF ADMINISTERED SCHEME (SSAS)

### APPLICATION FORM

<b>SCHEME NAME:</b>	
Number of Members: <i>Please ensure each member completes a separate member questionnaire</i>	
Principal Employer Name: <i>Please ensure you have the relevant powers under your memorandum and articles of association to participate in a pension scheme</i>	
Date Company Started Trading:	
Registered Office Address:	
Postcode:	
How long has the company been at this address?	More than 12 months Less than 12 months
Telephone Number:	
Email Address:	
Has the company been dormant within the past 12 months?	Yes No
Nature of Business:	
Employer Year End:	
Companies House Registration Number:	
Please confirm the shareholders under the Principal Employer: <i>Please provide names in full</i>	
Corporation Tax Ref:	
PAYE Tax Ref:	
VAT Registration (if applicable):	
Number of employees including directors:	



## SMALL SELF ADMINISTERED SCHEME (SSAS)

<b>Directors Details:</b>	
<b>Director 1:</b>	
Name:	
Address:	
Telephone Number:	
Unique Tax Reference (Self Assessment UTR): (If no SA UTR please confirm the reason why)	
National Insurance (NI) Number:	
Date of Birth:	
<b>Director 2:</b>	
Name:	
Address:	
Telephone Number:	
Unique Tax Reference (Self Assessment UTR): (If no SA UTR please confirm the reason why)	
National Insurance (NI) Number:	
Date of Birth:	
<b>Director 3:</b>	
Name:	
Address:	
Telephone Number:	
Unique Tax Reference (Self Assessment UTR): (If no SA UTR please confirm the reason why)	
National Insurance (NI) Number:	
Date of Birth:	

**NOTE: If more than 3 directors, please continue on a separate sheet.**



**SSAS Practitioner.com**  
**The SSAS Specialist**

Lowering Fees, Enhancing Retirement

---

## SMALL SELF ADMINISTERED SCHEME (SSAS)

### INTRODUCER DETAILS

---

Contact Name:	
Company Name:	
Address:	
Postcode:	
Telephone Number:	
E-mail Address:	
Qualification Details:	
Body Affiliated to (and reference number if appropriate)	

**Note:**

For any company that is to act as an introducer, in order to comply with anti-money laundering and anti-terrorism financing regulations under which SSAS Practitioner. Com Limited are supervised by HMRC, the company may need to provide SSAS Practitioner. Com Limited with additional information to comply with due diligence requirements. If the company concerned do not wish to do this, they should not complete the above as Introducer.

### INDEPENDENT FINANCIAL ADVISER (IFA) DETAILS

---

Please give details of the IFA who will provide advice to the member trustees, if applicable:

Contact Name:	
Address:	
Postcode:	
Telephone Number:	
E-mail Address:	
FCA Registration Number:	
Qualification Details:	
Body Affiliated to (and reference number if appropriate)	



**SSAS Practitioner.com**  
**The SSAS Specialist**  
Lowering Fees, Enhancing Retirement

---

## SMALL SELF ADMINISTERED SCHEME (SSAS)

### ACCOUNTANT DETAILS

---

Please give details of the Accountant who will provide advice to the member trustees, if applicable.

Contact Name:	
Company Name:	
Address:	
Postcode:	
Telephone Number:	
Email Address:	
Qualification Details:	
Body Affiliated to (and reference number if appropriate)	



**SSAS Practitioner.com**  
**The SSAS Specialist**  
Lowering Fees, Enhancing Retirement

---

## SMALL SELF ADMINISTERED SCHEME (SSAS)

### AUTHORITY DECLARATION

---

Please accept this declaration as our authority as the sponsoring employer under the SSAS, to provide the below company/ies with information on the SSAS as and when they request this.

Company Name: (For example, your Accountant, IFA, Solicitor)	
Address:	
Postcode:	
Telephone Number:	
Email Address:	
Company Name: (For example, your Accountant, IFA, Solicitor)	
Address:	
Postcode:	
Telephone Number:	
Email Address:	



**SSAS Practitioner.com**  
**The SSAS Specialist**  
Lowering Fees, Enhancing Retirement

---

## SMALL SELF ADMINISTERED SCHEME (SSAS)

### APPLICATION FORM

#### INITIAL CONTRIBUTIONS DETAILS

---

Member Name:	Amount (£):

- *Please provide details of the proposed contribution broken down between each member.*
- *\*Warning\* - If a member has benefits which are subject to protection, the protection may be lost if a contribution is paid by/for them.*
- *Please ensure you seek independent advice from your financial adviser or accountant before paying contributions into the scheme.*

#### INTENDED INVESTMENTS

<i>For example - commercial property or loan to principal employer</i>



---

## SMALL SELF ADMINISTERED SCHEME (SSAS)

### APPLICATION FORM

#### ADDITIONAL PARTICIPATING EMPLOYER

Is any employer, other than the Principal Employer, to participate in the SSAS?

<input type="checkbox"/>	YES
<input type="checkbox"/>	NO

If 'YES', please complete the following:

Name of the Participating Employer:	
Companies House Registration Number:	
Relationship to the Principal Employer:	

We have a separate Participating Employer Application Form that we will require you to complete.

#### BANK ACCOUNT

It is necessary to open a bank account for the scheme once it has been approved by HMRC. SSAS Practitioner.com offer a selection of banks. Alternatively, trustees can use a bank of their choice. Please provide confirmation of the bank you wish to use (if using your own) in the box below:

Bank Name:	
Contact Name:	
Bank Address:	
Postcode:	
Telephone Number:	
Fax Number:	
Email Address:	



---

## SMALL SELF ADMINISTERED SCHEME (SSAS)

### APPLICATION FORM

On behalf of the Principal Employer we agree to establish the SSAS.

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

**One/Two Directors or a Director and Company Secretary to sign:**

Signature:	
Print Name:	
Position:	
Date:	

Signature:	
Print Name:	
Position:	
Date:	

### NOTES

The information on this form and any supplementary information provided by you and/or your nominated advisers, now or in the future, will be used by SSAS Practitioner.com Limited to:

1. Set up and manage the pension scheme;
2. Send information relating to the pension scheme to any of the trustees of the scheme;  
and
3. Give essential information about your pension to others, if this is necessary to run your scheme and for regulatory purposes.
4. As Principal Employer we understand that SSAS Practitioner. Com Limited will automatically send out newsletters covering topical SSAS issues, unless we indicate otherwise.

The Scheme Year End will be 5th April - consistent with HMRC's reporting requirements.





**SSAS Practitioner.com**  
**The SSAS Specialist**

Lowering Fees, Enhancing Retirement

---

## SMALL SELF ADMINISTERED SCHEME (SSAS)

### APPLICATION FORM

### APPLICATION CHECKLIST

Included with this application, we require the following documents:

		Yes (Please tick)	To Follow (Please tick)
Member Questionnaire for each Trustee			
Anti Money Laundering Documents for each Trustee (see Member Questionnaire)	List A		
	List B		



---

SSAS Practitioner.com Limited  
Orchard Grange | Main Street | Foxton | Leicestershire | LE16 7RB  
Freephone | 0800 112 3750  
Fax | 0116 290 1910  
Email | [info@ssaspractitioner.com](mailto:info@ssaspractitioner.com)  
W | [www.ssaspractitioner.com](http://www.ssaspractitioner.com)

---

VAT Registration Number | 983834865  
Data Controller Number | Z2068455  
HMRC Practitioner Registration Number (ID) | 00017124

---

Registered with HMRC as a Trust and Company Service Provider | Full PI Insurance held  
Member of AMPS (Association of Member-Directed Pension Schemes)