

This form must be completed by the employer who is paying contributions on behalf of a member from their own account or deducting contributions from a members salary.

Employers are obliged by the Pensions Regulator to provide a new record of payments due for any amendments to contributions.

1 Member Details

Member Name	<input type="text"/>		
NI Number	<input type="text"/>	Member Number (if known)	<input type="text"/>

2 Employer Details

Company Name	<input type="text"/>		
Address	<input type="text"/>		
	<input type="text"/>		
	Postcode		
Contact Name	<input type="text"/>	Tel No	<input type="text"/>
Email Address	<input type="text"/>	Fax No	<input type="text"/>
Company House Registered Number	<input type="text"/>		
Registered Address (if different from above)	<input type="text"/>		
	<input type="text"/>		
	Postcode		

3 Contribution Details

Regular Contributions		Single Contributions	
Employer (Gross)	£ <input type="text"/>	Employer (Gross)	£ <input type="text"/>
Employee (Net)	£ <input type="text"/>	Employee (Net)	£ <input type="text"/>
Commencement Date	<input type="text"/>		
Date of first contribution	<input type="text"/>		
Payment due date	<input type="text"/> *	Payment due date	<input type="text"/> *

*This is the latest date which Yorsipp must receive payment. The date must be completed in all cases.

4 Declaration

Employer Signature	<input type="text"/>	Date	<input type="text"/>
Name	<input type="text"/>		
Position in Company	<input type="text"/>		