

Employer registration form for Sole Trader/Partnership

This form must be completed in full for Scheme registration (please complete in BLOCK CAPITALS).

Name of Firm:

Trading Name:

Business type: (tick one) Partnership Sole trader

Principal Business:

Business Address:

Correspondence Address:
if different from Business Address

Date Registered in CWPS

Telephone: Mobile:

Fax: Email:

Contact name: Position:

Have you or any of your business partner(s) ever been a Director or Proprietor of a business previously registered in CWPS?

Yes No

If yes, please give name and address of business:

This application must be accompanied by:

- Deed of Adherence
- New Member Registration Forms
for each employee
- Form with your bank details

Signature: Position:

For office use only Employer ID number: Employer set up date:

Deed received: Employee registration: Bank details form:

Please return the completed form to:

Construction Workers' Pension Scheme
Canal House, Canal Road, Dublin 6
Telephone: (01) 497 7663 Extension 4900
Fax: (01) 496 6611 or Email: registrations@cwps.ie

