

Employer registration form for Limited Company

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

Company Name: _____
As per CRO registration

Trading Name: _____
if different from Company Name

CRO registration No: _____ Company type: Limited Co. Un-Limited Co. External Co.
(tick one)

Principal Business: _____

Company Address: _____
As per CRO registration

Correspondence Address: _____
if different from Company Address

_____ Date Registered in CWPS: _____

Telephone: _____ Mobile: _____

Fax: _____ Email: _____

Contact name: _____ Position: _____

Name of Company Secretary: _____
As per CRO registration

Name of Directors: _____
As per CRO registration

Have any of the Directors of this company 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 Form with your bank details
(For each employee)

Signature: _____ Position: _____

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

Deed received: Employee registration: Bank details form: